No. C 205491		Due no later than Apr 30, 2017		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. SOULEBRATION, INC LAQUETA MYERS 618 E ROSEMARY DR KUNA ID 83634		618 E ROSEM KUNA ID 83	LAQUETA MEYERS 618 E ROSEMARY DR KUNA ID 83634 3. New Registered Agent Signature:*			
4. Corporations: Enter	Names and Busin	ness Addresses of Pre	sident, Secretary, and Directors. Trea	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	EARLENE TA	AYLOR	815 HARMON WAY	MIDDLETON	ID		83644	
DIRECTOR	KATHY SAF	AR-FASHANDI	120 HELM DR	HORSESHOE BEND	ID		83629	
DIRECTOR	CONNIE J H	HARTIGAN	10282 W GRANGER AVE	BOISE	ID		83704	
5. Organized Under the Laws of: 6. A		6. Annual Report must be signed.*						
ID C 205491		Signature: LaQueta Myers			Date: 03/08/2017			
		Name (type or pr		Title: CEO				
Processed 03/08/2017		* Electronically provi	ded signatures are accepted as origin	al signatures.				