No. <b>C 133455</b>	Due no later than Apr 30, 2014		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		LYNNE M DAVIES  3357 E BOULDER HTS DR  BOISE ID 83712				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.  EXPENSE MANAGEMENT SERVICES, INC.  LYNNE M DAVIES  3357 E BOULDER HTS DR						
NO FILING FEE IF RECEIVED BY DUE DATE	BOISE ID 83	712-8579	3. <u>New</u> Regist	3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Busin	ness Addresses of F	President, Secretary, and Directors. Treasure	er (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY FREDERICK PRESIDENT LYNNE M D	C-1012-00-1-00-10-	3357 E. BOULDER HEIGHTS DR. 3357 E BOULDER HEIGHTS DR.	BOISE BOISE	ID ID	USA USA	83712 83712	
5. Organized Under the Laws of: 6. Annual Repo		must be signed.*					
<b>ID</b> Signature: L		nne M Davies Date: 02/10/2014					
<b>C 133455</b> Name (typ		or print): Lynne M Davies Title: President/Owner					
Processed 02/10/2014	* Electronically provided signatures are accepted as original signatures.						