

No. C 112447	Due no later than Oct 31, 2016 Annual Report Form	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	1. Mailing Address: Correct in this box if needed. JOHN BROOKHART CPA PA A JOHN BROOKHART 3768 E 107 N IDAHO FALLS ID 83401	A JOHN BROOKHART 3768 E 107 N UCON ID 83454	
		3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).			
Office Held	Name	Street or PO Address	City State Country Postal Code
SECRETARY	LEOLA K BROOKHART	10679 N 38TH E	IDAHO FALLS ID USA 83401
PRESIDENT	A JOHN BROOKHART	10679 N 38TH E	IDAHO FALLS ID USA 83401
5. Organized Under the Laws of: ID C 112447	6. Annual Report must be signed.* Signature: Leola K Brookhart Name (type or print): Leola K Brookhart		Date: 11/30/2016 Title: secretaty
Processed 11/30/2016		* Electronically provided signatures are accepted as original signatures.	