| No. | C 116004 | Due no later than 8/31/2009 | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|--|---|--|----------------------|-------------------|------------------------------------|
| Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET 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. POSISOURCE CORPORATION MITCHELL R FULLER 124 NW 10TH ST UNIT #103 MERIDIAN ID 83642 | MITCHELL R FULLER 124 NW 10TH ST UNIT #103 MERIDIAN ID 83642 3. New Registered Agent Signature: | | | |
| | | | | | | |
| 4. Con Office Pre | porations: Enter Names an e Held Name 15 ileut Mi -/7r25; Bet | d Business Addresses of President, Secretary and Directors. Street or PO Address tch Fuller 124 N. W. 1075 St. | City ,#103 #103 | Meridian Meridian | State IP II | Zip 836 f e 836f2 |
| | | | | *** ** | | |
| 5. Or | ganized Under the Laws of: ID C 116004 | 6. Annual Report must be signed. Signature: Name(type or print): Mctcl Full. | er _ | Date: Title:(| • | 0/07 lest |
| Īssi | ed 6/9/2009 by CLH | | | | 2009 | 08001451 |