No. C 199554		Due no later than Sep 30, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		MATTHEW HEIM			
SECRETARY OF STATE	1. Maili	1. Mailing Address: Correct in this box if needed. JOHN RALPH, INC. MATTHEW HEIM 1117 E PLAZA DR SUITE F EAGLE ID 83616		1117 E PLAZA DR SUITE F EAGLE ID 83616 3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	MATTHE						
	EAGLE II						
NO FILING FEE IF RECEIVED BY DUE DATE	.						
4. Corporations: Enter Names ar	nd Business Address	es of President, Secretary, and Directors. Treasu	rer (optional).				
Office Held Nam	e	Street or PO Address	City	State	Country	Postal Code	
SECRETARY EMIL	Y HEIM	6495 SCHMIDT LN	STAR	ID	USA	83669	
PRESIDENT MAT	THEW HEIM	6495 SCHMIDT LN	STAR	ID	USA	83669	
5. Organized Under the Laws of	: 6. Annual F	Report must be signed.*					
ID	Signatur	Signature: Alee Gilbert Date: 08/19/2015					
C 199554	Name (t	Name (type or print): Alee Gilbert Title: Controller					
Processed 08/19/2015	* Electronic	* Electronically provided signatures are accepted as original signatures.					