

|  |            |  |         |   |         |                  |  |
|--|------------|--|---------|---|---------|------------------|--|
| No. <b>C 84450</b>   |            | <b>Due no later than Jul 31, 2018</b>  |         | 2. Registered Agent and Address <b>(NO PO BOX)</b>      |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |            | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>BERT L. OSBORN, CHARTERED<br>BERT L. OSBORN<br>P.O. BOX 158<br>PAYETTE ID 83661 |         | BERT L. OSBORN<br>26 SO. 9TH STREET<br>PAYETTE ID 83661 |         |                  |  |
|  |            |  |         | 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  | SUE OSBORN | PO BOX 158   | PAYETTE | ID  | USA     | 83661            |  |
| 5. Organized Under the Laws of:  |            | 6. Annual Report must be signed.*  |         |   |         |                  |  |
| <b>ID<br/>C 84450</b>  |            | Signature: Sue Osborn  |         |   |         | Date: 06/26/2018 |  |
|  |            | Name (type or print): Sue Osborn   |         |   |         | Title: Secretary |  |
| Processed 06/26/2018   |            | * Electronically provided signatures are accepted as original signatures.  |         |   |         |                  |  |