

No. C 117197		Due no later than Nov 30, 2017 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. CABO ADVENTURES, INC. CORY H CHADBAND 8353 W BROOKVIEW DR BOISE ID 83709 USA		CORY CHADBAND 8353 W BROOKVIEW DR BOISE ID 83709			
						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	
PRESIDENT	CORY CHADBAND	8353 W. BROOKVIEW DR.	BOISE	ID	USA	83709	
VICE PRESIDENT	JAMES C CHADBAND	7801 ISABELLA WAY	GILROY	CA	USA	95020	
5. Organized Under the Laws of: ID C 117197		6. Annual Report must be signed.* Signature: Cory Chadband Name (type or print): Cory Chadband					
		Date: 09/18/2017 Title: president					
Processed 09/18/2017		* Electronically provided signatures are accepted as original signatures.					