No. **C 42125**	**Due no later than Mar 31, 2017**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** TITLEFACT, INC. RICHARD B STIVERS P.O. BOX 486 TWIN FALLS ID 83303	RICHARD B STIVERS 163 4TH AVE. N. TWIN FALLS ID 83301 3. New 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	RICHARD B STIVERS	391 EDWARDS DRIVE	TWIN FALLS	ID	USA	83301
SECRETARY	KATHY C EASTERDAY	2491 EAST 4000 NORTH	FILER	ID	USA	83328
DIRECTOR	RICHARD B STIVERS	391 EDWARD DRIVE	TWIN FALLS	ID	USA	83301
DIRECTOR	ROBERT TODD BLASS	3131 LAURELWOOD DRIVE	TWIN FALLS	ID	USA	83301-8189

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 42125**	Signature: KATHY C EASTERDAY Name (type or print): KATHY C EASTERDAY	Date: 01/20/2017 Title: SECRETARY

Processed 01/20/2017

* Electronically provided signatures are accepted as original signatures.