| No. C 169700 | | Due no later than Nov 30, 2017 | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|---------------------------|---|--|---|--------------------------------------|----------|------------|--------------------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. HIGHWAY 12 VENTURES II, INC. PHIL REED 9194 W BEACHSIDE LANE BOISE ID 83714 | | MARK SOLON 9194 W BEACHSIDE LANE BOISE ID 83714-6712 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine | | occ Addresses of Presiden | at Cocretary and Directors Treas | Suror (| ontional) | | | |
| Office Held Name | | ess Addresses of Fresider | Street or PO Address | sui ei (i | City | State | Country | Postal Code |
| PRESIDENT SECRETARY | MARK B SOLON PHIL REED | | 9194 W BEACHSIDE LANE 9194 W BEACHSIDE LANE | | BOISE BOISE | ID ID | USA USA | 83714-6712 83714-6712 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID C 169700 | | Signature: Phil Reed Name (type or print): Phil Reed | | | Date: 12/15/2017 Title: Secretary | | | |
| Processed 12/15/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |