No. C 111626	Due no late	2. Registered Agent and Office (NOT A P.O. BOX)				
Return to:	Annual Report Form		DAVID JACOBSON			
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. JACOBSON CUSTOM CUTTING, INC. DAVID W JACOBSON 6532 MADISON ST		6532 MADISON ST BONNERS FERRY ID 83805			
NO FILING FEE IF RECEIVED BY DUE DATE	BONNERS FERRY ID USA		3. <u>New</u> Registered Agent Signature.			
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.						
Office Held Nam		Street or PO Address	City	State	Country	Postal Code
President DAI	11D W JACOBSON	6532 MadesinSt B.F. ID89805	Bonnes	ID	US#	8380
Sectly Tel	LyN. JACOBSOI	V 6532 moderns	H Bonners Ferry	ID	USA	83805
5. Organized Under the Laws of	f: 6.					
704110	Signature:	Mara W. Laerbo	\ -		Date: c	2-1-20 H
IDAHO					<u> </u>	<u> </u>
C 111626	Name (type or print): DAVID W. JACOBSON			Title: Creident		
Issued 06/27/2011 by LJC	<u>-</u>			; –		100091
INCIDIATIONS FOR THE IDAMA ANNUAL DEPOND FORM						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

Block 3: Only a <u>new</u> registered agent must sign in Block 3.