

|                                                                                                                                                        |                   |                                                                                                                                                      |             |                                                                 |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------|---------|-------------|--|
| No. <b>C 140711</b>                                                                                                                                    |                   | <b>Due no later than Sep 30, 2016</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>SHUR-MAC, INC.<br>SHURLDIN P MACKES<br>3605 SPRING CREEK DR<br>IDAHO FALLS ID 83404 |             | SHURLDIN MACKES<br>3605 SPRING CREEK DR<br>IDAHO FALLS ID 83404 |         |             |  |
|                                                                                                                                                        |                   |                                                                                                                                                      |             | 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                                                                                                                                              | SHURLDIN P MACKES | 3605 SPRINGCREEK DR                                                                                                                                  | IDAHO FALLS | ID                                                              | USA     | 83404       |  |
| DIRECTOR                                                                                                                                               | LOIS MACKES       | 3605 SPRING CREEK DR                                                                                                                                 | IDAHO FALLS | ID                                                              | USA     | 83404       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 140711</b>                                                                                          |                   | 6. Annual Report must be signed.*<br>Signature: LOIS MACKES<br>Name (type or print): LOIS MACKES<br>Date: 07/25/2016<br>Title: DIRECTOR              |             |                                                                 |         |             |  |
| Processed 07/25/2016                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                            |             |                                                                 |         |             |  |