

|                                                                                                                                                        |                 |                                                                                                                                                             |          |                                                          |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------|---------|------------------|--|
| No. <b>C 196982</b>                                                                                                                                    |                 | <b>Due no later than Dec 31, 2015</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>ALL ACCOUNTING SOLUTIONS, INC.<br>ANNE SWAFFORD<br>19471 MIDLAND BLVD<br>CALDWELL ID 83605 |          | ANNE SWAFFORD<br>19471 MIDLAND BLVD<br>CALDWELL ID 83605 |         |                  |  |
|                                                                                                                                                        |                 |                                                                                                                                                             |          | 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                                                                                                                                              | ANNE A SWAFFORD | 19471 MIDLAND BLVD                                                                                                                                          | CALDWELL | ID                                                       | USA     | 83605            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                                           |          |                                                          |         |                  |  |
| <b>ID<br/>C 196982</b>                                                                                                                                 |                 | Signature: Anne Swafford                                                                                                                                    |          |                                                          |         | Date: 10/14/2015 |  |
|                                                                                                                                                        |                 | Name (type or print): Anne Swafford                                                                                                                         |          |                                                          |         | Title: President |  |
| Processed 10/14/2015                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                   |          |                                                          |         |                  |  |