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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|----------|-------|---------|----------------------------------------------------|--|
| No. <b>C 111982</b>                                                                                                                                    |                 | <b>Due no later than Sep 30, 2017</b>                                                                                                                                       |  | <b>Annual Report Form</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>COMMUNICATION TECHNOLOGIES, INC.<br>REBECCA M REVAK<br>105 VERMEER DR<br>UNIT 2 SUITE 170<br>PONDERAY ID 83852 |  | REBECCA M REVAK<br>12544 N BOYER<br>SANDPOINT ID 83864 |          |       |         |                                                    |  |
|                                                                                                                                                        |                 |                                                                                                                                                                             |  | 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                                        |  |
| DIRECTOR                                                                                                                                               | REBECCA M REVAK | 105 VERMEER DR UNIT 2 SUITE 170                                                                                                                                             |  |                                                        | PONDERAY | ID    | USA     | 83852                                              |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 111982</b>                                                                                          |                 | 6. Annual Report must be signed.*<br>Signature: Rebecca Revak<br>Name (type or print): Rebecca Revak<br>Date: 08/29/2017<br>Title: President                                |  |                                                        |          |       |         |                                                    |  |
| Processed 08/29/2017                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                   |  |                                                        |          |       |         |                                                    |  |