No. <b>C 166625</b>	D	ue no later than May 31, 2014	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		CAROLYN FRIEND 215 N MAIN STREET RIGGINS ID 83549  3. New Registered Agent Signature:*			
		FRIEND	RIGGINS ID				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and E	usiness Addresses o	f President, Secretary, and Directors. Trea	surer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT RICHARI	A FRIEND	#2 HILL LANE	POLLOCK	ID	USA	83547	
SECRETARY CAROLY	N FRIEND	P.O.BOX 518	RIGGINS	ID	USA	83549	
TREASURER CAROLY	N FRIEND	P.O. BOX 518	RIGGINS	ID	USA	83549	
5. Organized Under the Laws of: 6. Annual Report		ort must be signed.*					
<b>ID</b> Signature		Carolyn Friend	Date: 04/03/2014				
C 166625	Name (type	Name (type or print): Carolyn Friend Title: Sec/Treas					
Processed 04/03/2014	* Electronically	* Electronically provided signatures are accepted as original signatures.					