

|                                                                                                                                                        |                   |                                                                                                                                            |         |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------|---------|-------------|--|
| No. <b>C 110706</b>                                                                                                                                    |                   | <b>Due no later than May 31, 2018</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>SIMON FURNITURE, INC.<br>CRETA REILLY<br>10422 HWY 12<br>OROFINO ID 83544 |         | CRETA REILLY<br>10422 HWY 12<br>OROFINO ID 83544   |         |             |  |
|                                                                                                                                                        |                   |                                                                                                                                            |         | 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                                                                                                                                               | LARRY A SKINNER   | PO BOX 1327                                                                                                                                | OROFINO | ID                                                 | USA     | 83544       |  |
| DIRECTOR                                                                                                                                               | CHRISTY E SKINNER | PO BOX 1327                                                                                                                                | OROFINO | ID                                                 | USA     | 83544       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 110706</b>                                                                                          |                   | 6. Annual Report must be signed.*<br>Signature: Christy Skinner<br>Name (type or print): Christy Skinner                                   |         |                                                    |         |             |  |
| Date: 04/12/2018<br>Title: Sec/ Treasurer                                                                                                              |                   |                                                                                                                                            |         |                                                    |         |             |  |
| Processed 04/12/2018                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                  |         |                                                    |         |             |  |