No. C 183599		Due no later than Jun 30, 2012		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		000000 N. A.	WADE LACHMAN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. PFNC, INC. WADE R LACHMAN 614 E SELTICE WAY STE A POST FALLS ID 83854		STE A	614 E SELTICE WAY STE A POST FALLS ID 83854			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registere	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	
			614 E SELTICE WAY STE A 614 E SELTICE WAY STE A	POST FALLS POST FALLS	ID ID	USA USA	83854 83854	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
NV C 183599		Signature: Wade		Date: 04/16/2012				
		Name (type or print): Wade Lachman			Title: President			
Processed 04/16/2012	rocessed 04/16/2012 * Electronically provided signatures are accepted as original signatures.							