| No. <b>C 145394</b>   | Due no later than Sep 30, 2017  |                  | 2. Registered Agent and Address (NO PO BOX) |                  |         |             |
|---|---|------------------|---|------------------|---------|-------------|
| Return to:  | Annual Report Form  | 1                | LARRY LARS                                  |                  |         |             |
| SECRETARY OF STATE  |   |                  | 1133 ALBION AVE<br>BURLEY ID 83318          |                  |         |             |
| 700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080  |   |                  |   |                  |         |             |
|   |   |                  | ed Agent S                                  | gent Signature:* |         |             |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE  |   |                  |   |                  |         |             |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). |   |                  |   |                  |         |             |
| Office Held Name  | Street or PO Address  | i                | City  | State            | Country | Postal Code |
| PRESIDENT LARRY L.  | ARSON 1215 ELBA AVE   |                  | BURLEY                                      | ID               | USA     | 83318       |
| 5. Organized Under the Laws of:   | 6. Annual Report must be signed.*   |                  |   |                  |         |             |
| ID  | Signature: Donna Hawkins  | Date: 09/11/2017 |   |                  |         |             |
| C 145394  | 145394 Name (type or print): Donna Hawkins                                |                  | Title: Office Manager                       |                  |         |             |
| Processed 09/11/2017  | * Electronically provided signatures are accepted as original signatures. |                  |   |                  |         |             |