

| | | | | | | | |
|--|----------------------|---|----------|---|---------|-------------|--|
| No. C 107872 | | Due no later than Oct 31, 2015 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. CHRISTENSEN MACHINE, INC. ROBERT B CHRISTENSEN 301 CENTENNIAL DR HEYBURN ID 83336 | | ROBERT B CHRISTENSEN 301 CENTENNIAL DR HEYBURN ID 83336 | | | |
| | | | | 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 | MICHAEL CHRISTENSEN | 301 CENTENNIAL DR | HEYBURN, | ID | USA | 83336 | |
| DIRECTOR | ROBERT B CHRISTENSEN | 301 CENTENNIAL DR | HEYBURN | ID | USA | 83336 | |
| 5. Organized Under the Laws of: ID C 107872 | | 6. Annual Report must be signed.* Signature: Louise Christensen Name (type or print): Louise Christensen Date: 08/19/2015 Title: office manager | | | | | |
| Processed 08/19/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |