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|--|-----------------|--|-------|--|---------|-------------|--|
| No. C 200703 | | Due no later than Jan 31, 2017 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. DELTA VALLEY INC. MICHAEL T LEWIS PO BOX 631 MALTA ID 83342 | | MICHAEL LEWIS 1627 S 2350 E MALTA ID 83342 | | | |
| | | | | 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 | |
| TREASURER | SHERRY A LEWIS | 2375 E NEDDO LANE P.O. BOX 631 | MALTA | ID | USA | 83342 | |
| SECRETARY | DORIS JANE HALL | 1627 S 2350 E P.O. BOX 631 | MALTA | ID | USA | 83342 | |
| VICE PRESIDENT | MICHAEL T LEWIS | 2375 E NEDDO LANE P.O. BOX 631 | MALTA | ID | USA | 83342 | |
| PRESIDENT | RODNEY N HALL | 1627 S 2350 E P.O. BOX 631 | MALTA | ID | USA | 83342 | |
| 5. Organized Under the Laws of: ID C 200703 | | 6. Annual Report must be signed.* Signature: Michael T Lewis Name (type or print): Michael T Lewis Date: 12/06/2016 Title: Member | | | | | |
| Processed 12/06/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | | |