

No. C 202218	Due no later than May 31, 2016 Annual Report Form		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. NATIONWIDE PERMIT SERVICES, INC. KIRSTEN M ANDERSON 45 TOMAHAWK TRAIL COCOLALLA ID 83813		KIRSTEN M ANDERSON 45 TOMAHAWK TRAIL COCOLALLA ID 83813				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).						3. <u>New</u> Registered Agent Signature:*	
Office Held PRESIDENT	Name KIRSTEN ANDERSON	Street or PO Address 45 TOMAHAWK TRAIL	City COCOLALLA	State ID	Country USA	Postal Code 83813	
5. Organized Under the Laws of: ID C 202218	6. Annual Report must be signed.* Signature: kirsten anderson Name (type or print): kirsten anderson						Date: 03/21/2016 Title: President
Processed 03/21/2016	* Electronically provided signatures are accepted as original signatures.						