

|                                                                                                                                                        |                 |                                                                                                                                |        |                                                       |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------|---------|-------------|--|
| No. <b>C 124051</b>                                                                                                                                    |                 | Due no later than May 31, 2015                                                                                                 |        | 2. Registered Agent and Address <b>(NO PO BOX)</b>    |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>ABBEY, INC.<br>SHAWN K HILL<br>PO BOX 2263<br>MCCALL ID 83638 |        | SHAWN K HILL<br>239 ALTA VISTA DR.<br>MCCALL ID 83638 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                |        | 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 |  |
| SECRETARY                                                                                                                                              | DANIELLE L HILL | P.O. BOX 2263                                                                                                                  | MCCALL | ID                                                    | USA     | 83638       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 124051</b>                                                                                          |                 | 6. Annual Report must be signed.*<br>Signature: Danielle Hill<br>Name (type or print): Danielle Hill                           |        |                                                       |         |             |  |
|                                                                                                                                                        |                 | Date: 05/11/2015<br>Title: Secretary                                                                                           |        |                                                       |         |             |  |
| Processed 05/11/2015                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                      |        |                                                       |         |             |  |