

|                                                                                                                                                        |                    |                                                                                                                                                                                   |       |                                                           |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------|---------|-------------|--|
| No. <b>C 147954</b>                                                                                                                                    |                    | <b>Due no later than Mar 31, 2014</b>                                                                                                                                             |       | <b>2. Registered Agent and Address (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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>AUTUMN HAVEN, INC.<br>MARK L DARRINGTON<br>930 EAST 390 NORTH<br>DECLO ID 83323 |       | MARK L DARRINGTON<br>930 EAST 390 NORTH<br>DECLO ID 83323 |         |             |  |
|                                                                                                                                                        |                    |                                                                                                                                                                                   |       | 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 |  |
| VICE PRESIDENT                                                                                                                                         | VERLA K DARRINGTON | 930 E. 390 N.                                                                                                                                                                     | DECLO | ID                                                        | USA     | 83323       |  |
| PRESIDENT                                                                                                                                              | MARK L DARRINGTON  | 930 E 390 N                                                                                                                                                                       | DECLO | ID                                                        | USA     | 83323       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 147954</b>                                                                                          |                    | 6. Annual Report must be signed.*<br>Signature: Kerri Darrington<br>Name (type or print): Kerri Darrington                                                                        |       |                                                           |         |             |  |
| Date: 03/10/2014<br>Title: Bookkeeper                                                                                                                  |                    |                                                                                                                                                                                   |       |                                                           |         |             |  |
| Processed 03/10/2014                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                                         |       |                                                           |         |             |  |