No. C 114412		Due no later than Apr 30, 2017 Annual Report Form		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing A BEL AIR CORPORT JIM CARRIE PO BOX 624	1365 S 18 MOUNTAII	JIM CARRIE 1365 S 18 TH E MOUNTAIN HOME ID 83647 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE		MOUNTAIN HOME ID 83647						
Corporations: Enter Na	imes and Busin	ess Addresses of I	President, Secretary, and Directors. Trea	asurer (optional).				
Office Held Name			Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	SHARLENE (CARRIE	PO BOX 624	MOUNTAIN	HOME ID	USA	83647	
DIRECTOR	JIM CARRIE		PO BOX 624	MOUNTAIN	HOME ID	USA	83647	
SECRETARY	ETARY SHARLENE (PO BOX 624	MOUNTAIN	HOME ID	USA	83647	
PRESIDENT	IDENT JIM CARRIE		PO BOX 624	MOUNTAIN	HOME ID	USA	83647	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Jim Carrie			Date: 07/10/2017			
C 114412		Name (type or print): Jim Carrie			Title: President			
Processed 07/10/2017	•	* Electronically pr	ovided signatures are accepted as original	nal signatures.				