| No. C 100981 | | Due no later than Feb 29, 2016 | | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|--|---------------------------|---|---|----------|------------|---------------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. SKM ENTERPRISES, INC. SUE MCLIMANS PO BOX 144 TWIN FALLS ID 83303-0144 | | SUSAN MCLIMANS 217 WALL ST TWIN FALLS ID 83301 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | ess Addresses of President, Secretary, and Directors. Treasurer | | | | | | |
| | and busing | ess Addresses of F | Street or PO Address | isurer (| City | State | Country | Postal Code |
| PRESIDENT SU | SUE MCLIMANS SHANNON MCLIMANS | | 217 WALL ST PO BOX 144 | | TWIN FALLS TWIN FALLS | ID ID | USA USA | 83301 83303-0144 |
| 5. Organized Under the Laws of: ID C 100981 | | 6. Annual Report must be signed.* Signature: Sue Mclimans Name (type or print): Sue Mclimans | | | Date: 02/16/2016 Title: President | | | |
| Processed 02/16/2016 | * Electronically provided signatures are accepted as original signatures. | | | | | | | |