No. C 181814	Du	2. Registered	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		WM LYMAN BELNAP			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 CASIA FOL C/O WM. I 12554 W B		ddress: Correct in this box if needed. ATION, INC. IAN BELNAP IGER ST STE 120	12554 W BRIDGER ST STE 120 BOISE 83713				
NO FILING FEE IF RECEIVED BY DUE DATE	BOISE ID 83713 USA		3. <u>New</u> Regist	3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Busin	ess Addresses of	President, Secretary, and Directors. Treasure	er (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR NEIL GU		12798 SILVERBROOK CT	BOISE	ID	USA	83713	
DIRECTOR DR. I CHIAC		12798 SILVERBROOK CT	BOISE	ID	USA	83713	
DIRECTOR WM. LYMAN	I BELNAP	12554 W BRIDGER ST STE 120	BOISE	ID	USA	83713	
5. Organized Under the Laws of: 6. Annual Report		t must be signed.*					
ID Signature: W		m. Lyman Belnap Date: 03/12/2015					
C 181814 Name (ty		e or print): Wm. Lyman Belnap Title: Director					
Processed 03/12/2015	* Electronically provided signatures are accepted as original signatures.						