No. C 84660 Return to:		Due no later than Aug 31, 2014 Annual Report Form		Registered Agent and Address (NO PO BOX) C T CORPORATION SYSTEM			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter N	ames and Busin	ess Addresses of	President, Secretary, and Directors. Treasure	r (optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	MARK R. MAGER		5118 NORTH SAWYER AVENUE	BOISE	ID	USA	83714
DIRECTOR	JOHN TIMOTHY FERRY		5118 NORTH SAWYER AVENUE	BOISE	ID	USA	83714
DIRECTOR	RANDALL GLEN EKERN		5118 NORTH SAWYER AVENUE	BOISE	ID	USA	83714
PRESIDENT	MATTHEW M WOOD		5118 NORTH SAWYER AVENUE	BOISE	ID	USA	83714
DIRECTOR	MATTHEW M WOOD		5118 NORTH SAWYER AVENUE	BOISE	ID	USA	83714
TREASURER DAVID J RABE		BE	5118 NORTH SAWYER AVENUE	BOISE	ID	USA	83714
SECRETARY	JOHN G SHIVELY		5118 NORTH SAWYER AVENUE	BOISE	ID	USA	83714
5. Organized Under the Laws of:		6. Annual Repo	rt must be signed.*				
ID		Signature: Kelly Lettmann		Date: 07/08/2014			
C 84660		Name (type or print): Kelly Lettmann		Title: Poa			
Processed 07/08/2014		* Electronically provided signatures are accepted as original signatures.					