| No. C 205631 Return to: | | Due no later than Apr 30, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. YOUR DAY, INC. 1796 TROUT RD EAGLE ID 83616 | | Registered Agent and Address (NO PO BOX) SARAH ELLEN BROWN | | | | |
|--|---------------------------------|--|--------------------|---|------------------|----------------|--|--|
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | YOUR DAY, INC. 1796 TROUT RD | | | 1796 TROUT RD EAGLE ID 83616 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 5. <u>s.r.</u> eg.stc. sa.r.gs.nc orginatarer | | | | |
| 4. Corporations: Enter Names and B | isiness Addresses of Presid | dent, Secretary, and Directors. Trea | asurer (optional). | | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | | |
| DIRECTOR TRAVIS DIRECTOR CINDY S | | 1796 TROUT RD 5460 TUCKERSON PL | EAGLE BOISE | ID ID | | 83616 83704 | | |
| 5. Organized Under the Laws of: | 6. Annual Report mus | 6. Annual Report must be signed.* | | | | | | |
| ID. | | Signature: Sarah Ellen Brown | | | Date: 02/23/2016 | | | |
| C 205631 | Name (type or prin | Name (type or print): Sarah Ellen Brown | | Title: Registered Agent | | | | |
| Processed 02/23/2016 | * Electronically provide | * Electronically provided signatures are accepted as original signatures. | | | | | | |