No. C 71908 Return to:		Due no later than Jan 31, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. ADAMS, INC. MIKE B. ADAMS 13930 N 175 E RIRIE ID 83443 USA		2. Registered Agent and Address (NO PO BOX) MIKE B. ADAMS 13930 N 175 E RIRIE ID 83443 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	ADAMS, I MIKE B.						
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	ADAMS B ADAMS	13930 N 175 E 13930 N 175 E	RIRIE RIRIE	ID ID	USA USA	83443 83443	
5. Organized Under the Laws of:	6. Annual R	eport must be signed.*					
ID	Signature	e: Nita Adams		Date: 11/23/2015			
C 71908	Name (ty	Name (type or print): Nita Adams		Title: Secretary			
Processed 11/23/2015	* Electronica	* Electronically provided signatures are accepted as original signatures.					