

No. C 192534		Due no later than Oct 31, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. CHARIS SB INC. BRETT MOWRY 5858 CHRISTOPHER DR COEUR D ALENE ID 83815		BRETT MOWRY 5858 CHRISTOPHER DR COEUR D ALENE ID 83815			
						3. <u>New</u> Registered Agent Signature:*	
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	
DIRECTOR	BRETT PALM MOWRY	5858 CHRISTOPHER DR	COEUR D ALENE	ID	USA	83815	
SECRETARY	SANDY JANE MOWRY	5858 CHRISTOPHER DR	COEUR D ALENE	ID	USA	83815	
PRESIDENT	BRETT PALM MOWRY	5858 CHRISTOPHER DR	COEUR D ALENE	ID	USA	83815	
5. Organized Under the Laws of: ID C 192534		6. Annual Report must be signed.* Signature: Brett Mowry Name (type or print): Brett Mowry					
		Date: 08/26/2014 Title: Director					
Processed 08/26/2014 * Electronically provided signatures are accepted as original signatures.							