

No. C 207920		Due no later than Nov 30, 2016 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. HMD NETWORK INC. MICHAEL DANKLEFSEN 619 HOLLADAY CIRCLE AMMON ID 83406		MICHAEL DANKLEFSEN 619 HOLLADAY CIRCLE AMMON ID 83406-8340			
						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	
PRESIDENT	MICHAEL DANKLEFSEN	619 HOLLADAY CIRCLE	AMMON	ID	USA	83406	
5. Organized Under the Laws of: ID C 207920		6. Annual Report must be signed.* Signature: Michael Danklefsen Name (type or print): Michael Danklefsen					
		Date: 10/26/2016 Title: President					
Processed 10/26/2016 * Electronically provided signatures are accepted as original signatures.							