

|  |                |   |           |   |                     |
|--|----------------|---|-----------|---|---------------------|
| No. <b>C 144549</b>  |                | <b>Due no later than Jul 31, 2018</b>   |           | 2. Registered Agent and Address <b>(NO PO BOX)</b>              |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>EVERGREEN CONSULTANTS WEST, P.C.<br>FOSTER W CLINE<br>500 LAKEVIEW LANE<br>SANDPOINT ID 83864-1159<br>USA |           | FOSTER CLINE MD<br>500 LAKEVIEW LANE<br>SANDPOINT ID 83864-1159 |                     |
|  |                |   |           | 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  | FOSTER W CLINE | 500 LAKEVEIW LANE PRESIDENT   | SANDPOINT | ID  | 83864-9481          |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 144549</b>  |                | 6. Annual Report must be signed.*<br>Signature: Foster Cline<br>Name (type or print): Foster Cline<br>Date: 05/21/2018<br>Title: President  |           |   |                     |
| Processed 05/21/2018   |                | * Electronically provided signatures are accepted as original signatures.   |           |   |                     |