No. C 83535		Due no later than Apr 30, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. ES-O-EN CORP. S. CARL NICOLAYSEN PO BOX 607 MERIDIAN ID 83680-0607		2. Registered A	2. Registered Agent and Address (NO PO BOX) S CARL NICOLAYSEN 455 AMITY RD MERIDIAN ID 83642 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE								
				MERIDIAN II				
				3. <u>New</u> Registe				
4. Corporations: Enter	Names and Busin	ess Addresses of P	resident, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	S. CARL NIC	OLAYSEN	P.O. BOX 607 455 AMITY RD.	MERIDIAN	ID	USA	83680-0607	
DIRECTOR			P.O. BOX 3260	SALEM	OR	USA	97302-0607	
SECRETARY			P.O. BOX 607	MERIDIAN	ID	USA	83680-0607	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
OR C 83535		Signature: S Ca		Date: 03/08/2018				
		Name (type or		Title: President				
Processed 03/08/2018		* Electronically pro	ovided signatures are accepted as original	signatures.				