

|                                                                                                                                                        |                 |                                                                                                                                                                            |           |                                                            |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------|---------|-------------|--|
| No. <b>C 106477</b>                                                                                                                                    |                 | <b>Due no later than May 31, 2017</b>                                                                                                                                      |           | <b>2. Registered Agent and Address (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>SATORI, INC.<br>PETER G MULBARGER<br>P. O. BOX 172<br>COCOLALLA ID 83813 |           | PETER G MULBARGER<br>154 HILLSIDE DR<br>COCOLALLA ID 83813 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                                            |           | 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                                                                                                                                              | PETER MULBARGER | P. O. BOX 172                                                                                                                                                              | COCOLALLA | ID                                                         | USA     | 83813       |  |
| SECRETARY                                                                                                                                              | PAULA MULBARGER | 154 HILLSIDE DR                                                                                                                                                            | COCOLALLA | ID                                                         | USA     | 83813       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 106477</b>                                                                                          |                 | 6. Annual Report must be signed.*<br>Signature: paula mulbarger<br>Name (type or print): paula mulbarger<br>Date: 05/17/2017<br>Title: secretary                           |           |                                                            |         |             |  |
| Processed 05/17/2017                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                  |           |                                                            |         |             |  |