No. <b>C 88979</b>		Annual Report Form  1. Mailing Address: Correct in this box if needed.  PRO STAR, INC. CHARLES D SMITH 610 1/2 MAIN ST		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				ERIC W REYMORE 610 1/2 MAIN LEWISTON ID 83501  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
200		ess Addresses of Presid	ent, Secretary, and Directors. Treasure	r (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT CHARLES D SMIT		SMITH	610-1/2 MAIN STREET	LEWISTON	ID	USA	83501-1834	
TREASURER	B E SMITH		610-1/2 MAIN STREET	LEWISTON	ID	USA	83501-1834	
SECRETARY	D L MUSHLI	TZ	610-1/2 MAIN STREET	LEWISTON	ID	USA	83501-1834	
5. Organized Under the Laws of:		6. Annual Report must						
ID C 88979		Signature: B. E. Smith		Date: 01/27/2014				
		Name (type or print): B. E. Smith		Title: Treasurer				
Processed 01/27/2014 * Electronically provided signatures are accepted as original signatures.								