

No. C 112015	Due no later than Sep 30, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) R D WATSON 408 SHERMAN AVE STE 202 COEUR D'ALENE ID 83814
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. HALF-BREED, INCORPORATED TIMOTHY A BUCHO PO BOX 1591 COEUR D'ALENE ID 83816		3. <u>New</u> Registered Agent Signature.

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
President	Timothy A Bucho	P.O. Box 1591	CD	ID	Kootenai	83816
Secretary	Timothy A Bucho	P.O. Box 1591	CD	ID	Kootenai	83816
Directors	Timothy A Bucho	P.O. Box 1591	CD	ID	Kootenai	83816
Treasurer	Timothy A Bucho	P.O. Box 1591	CD	ID	Kootenai	83816
Vice President	Timothy A Bucho	P.O. Box 1591	CD	ID	Kootenai	83816

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO C 112015 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>Timothy A Bucho</u> </td> <td style="width: 40%;"> Date: <u>Sept 7, 2016</u> </td> </tr> <tr> <td> Name (type or print): <u>Timothy A Bucho</u> </td> <td> Title: <u>president</u> </td> </tr> </table>	Signature: <u>Timothy A Bucho</u>	Date: <u>Sept 7, 2016</u>	Name (type or print): <u>Timothy A Bucho</u>	Title: <u>president</u>
Signature: <u>Timothy A Bucho</u>	Date: <u>Sept 7, 2016</u>				
Name (type or print): <u>Timothy A Bucho</u>	Title: <u>president</u>				

Issued 08/04/2016 by DK1
129137

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.