

|                                                                                                                                                        |                  |                                                                                                                                                        |                |                                                                   |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------|---------|-------------|--|
| No. <b>C 113004</b>                                                                                                                                    |                  | <b>Due no later than Dec 31, 2017</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>1. Mailing Address: Correct in this box if needed.</b><br><br>BRANCH ENTERPRISES, INC.<br>WILLIAM I BRANCH<br>PO BOX 127<br>HORSESHOE BEND ID 83629 |                | WILLIAM I BRANCH<br>61 HARRIS CREEK RD<br>HORSESHOE BEND ID 83629 |         |             |  |
|                                                                                                                                                        |                  |                                                                                                                                                        |                | 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                                                                                                                                              | WILLIAM I BRANCH | PO BOX 429                                                                                                                                             | HORSESHOE BEND | ID                                                                | USA     | 83629       |  |
| VICE PRESIDENT                                                                                                                                         | WILLIAM M BRANCH | PO BOX 127                                                                                                                                             | HORSESHOE BEND | ID                                                                | USA     | 83629       |  |
| 5. Organized Under the Laws of:<br><b>ID<br/>C 113004</b>                                                                                              |                  | 6. Annual Report must be signed.*<br>Signature: william branch<br>Name (type or print): william branch<br>Date: 11/14/2017<br>Title: vice president    |                |                                                                   |         |             |  |
| Processed 11/14/2017                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                              |                |                                                                   |         |             |  |