No. C 177244	Due no	Due no later than Feb 28, 2014		2. Registered Agent and Address (NO PO BOX)			
		nual Report Form ss: Correct in this box if needed. P.	JAY LOUIS PLECHNER 245 WHITES CREEK RD. 245 WHITES CREEK RD OROFINO ID 83544				
NO FILING FEE IF RECEIVED BY DUE DATE	OROFINO ID 835	OROFINO ID 83544		3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and E	usiness Addresses of Presi	dent, Secretary, and Directors. Treasurer ((optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	J PLECHNER JIS PLECHNER	P.O. BOX 2587 245 WHITES CREEK RI 245 WHITES CREEK RD.	O. OROFINO OROFINO	ID ID	USA USA	83544 83544	
5. Organized Under the Laws of: 6. Annual Report		st be signed.*					
ID Signature: Jay		chner Date: 02/14/2014					
C 177244	Name (type or prir	Name (type or print): Jay Plechner		Title: President			
Processed 02/14/2014	* Electronically provid	* Electronically provided signatures are accepted as original signatures.					