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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------|-------------------|-------------|--|
| No. <b>C 93307</b>                                                                                                                                     |                 | <b>Due no later than Sep 30, 2012</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>Annual Report Form</b>                                                                                                                           |                | JOHN CHRISTNER<br>1060 SOUTH MAIN<br>POCATELLO ID 83204 |                   |             |  |
|                                                                                                                                                        |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br>JOHN'S PAINT & GLASS, INC.<br>STEVEN LEAMAN<br>P. O. BOX 72<br>POCATELLO ID 83204-0072 |                | 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                                                                                                                                              | STEVEN LEAMAN   | 9259 W GIBSON JACK RD                                                                                                                               | POCATELLO      | ID                                                      | USA               | 83204       |  |
| SECRETARY                                                                                                                                              | MATTHEW BARRETT | 531 BENNETT AVE                                                                                                                                     | AMERICAN FALLS | ID                                                      | USA               | 83211       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                                   |                |                                                         |                   |             |  |
| <b>ID<br/>C 93307</b>                                                                                                                                  |                 | Signature: Linda Smith                                                                                                                              |                |                                                         | Date: 07/23/2012  |             |  |
|                                                                                                                                                        |                 | Name (type or print): Linda Smith                                                                                                                   |                |                                                         | Title: Accountant |             |  |
| Processed 07/23/2012                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                           |                |                                                         |                   |             |  |