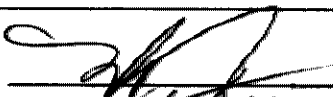
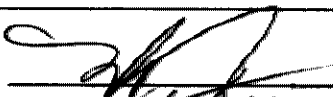
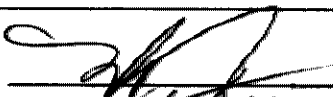


No. C113567	Annual Report Form 1999 <i>Due No Later Than November 30.</i>		2. Registered Agent and Office NOT A P.O. BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct MARKS OFF ENTERPRISES, INC. MARK D COLLINS PO BOX 2375		MARK D COLLINS 2902 MOUNTAIN VIEW POST FALLS ID 83854																		
	POST FALLS ID 83877		3. Organized Under the Laws of: ID C113567																		
	4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Office held</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">Street or P.O. Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>PRES</td> <td>MARK D. COLLINS</td> <td>6725 E. POLELINE RD</td> <td>Postfalls</td> <td>ID</td> <td>83854</td> </tr> <tr> <td>SEC. TREAS</td> <td>SHERRI L. COLLINS</td> <td>6725 E. POLELINE RD</td> <td>Postfalls</td> <td>ID</td> <td>83854</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	PRES	MARK D. COLLINS	6725 E. POLELINE RD	Postfalls	ID	83854	SEC. TREAS	SHERRI L. COLLINS	6725 E. POLELINE RD	Postfalls	ID	83854
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5. Signature of New Registered Agent		6.																			
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Signature </td> <td style="width: 50%;">Date 7/20/99</td> </tr> <tr> <td>Name (Typed or Printed) MARK COLLINS</td> <td>Title PRES</td> </tr> </table>		Signature 	Date 7/20/99	Name (Typed or Printed) MARK COLLINS	Title PRES														
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ISSUED: 07-03-1999

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