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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------|---------|------------------|--|
| No. <b>C 149797</b>                                                                                                                                    |                      | <b>Due no later than Jun 30, 2016</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><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>ISLAND PARK SERVICES, INC.<br>ISLAND PARK SER<br>3553 YALE KILGORE RD<br>ISLAND PARK ID 83429-5119<br>USA |             | TIM VOLLWEILER<br>3553 YALE KILGORE RD<br>ISLAND PARK ID 83429 |         |                  |  |
|                                                                                                                                                        |                      |                                                                                                                                                                                                             |             | 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                                                                                                                                              | TIMOTHY J VOLLWEILER | 3553 YALE KILGORE ROAD                                                                                                                                                                                      | ISLAND PARK | ID                                                             | USA     | 83429            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                      | 6. Annual Report must be signed.*                                                                                                                                                                           |             |                                                                |         |                  |  |
| <b>ID<br/>C 149797</b>                                                                                                                                 |                      | Signature: Tim Vollweiler                                                                                                                                                                                   |             |                                                                |         | Date: 06/21/2016 |  |
|                                                                                                                                                        |                      | Name (type or print): Tim Vollweiler                                                                                                                                                                        |             |                                                                |         | Title: Owner     |  |
| Processed 06/21/2016                                                                                                                                   |                      | * Electronically provided signatures are accepted as original signatures.                                                                                                                                   |             |                                                                |         |                  |  |