

No. C 197846	Due no later than Mar 31, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. WE GOT SHOOK, INC. GARY SHOOK 590 SUN TERRACE DR TWIN FALLS ID 83301		GARY D SHOOK 590 SUN TERRACE DR TWIN FALLS ID 83301			
			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
SECRETARY	BEVERLY L SHOOK	590 SUN TERRACE DR	TWIN FALLS	ID	USA	83301-8304
PRESIDENT	GARY D SHOOK	1990 CANDLERIDGE DR	TWIN FALLS	ID	USA	83301-8304
5. Organized Under the Laws of: ID C 197846	6. Annual Report must be signed.* Signature: Gary Shook Name (type or print): Gary Shook		Date: 01/23/2018 Title: Manager			
Processed 01/23/2018		* Electronically provided signatures are accepted as original signatures.				