No. <b>C 201524</b>		Due no later than Mar 31, 2015	2. Registered Agent and Address (NO PO BOX)					
Return to:		Annual Report Form			ROBERT STURGILL			
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed.  TYPE OF WOOD CHARITIES, INC.  ROBERT STURGILL  1031 EASTLAND DR  TWIN FALLS ID 83301		1031 EASTLAND DR TWIN FALLS 83301  3. New Registered Agent Signature:*				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	ROBERT ST 1031 EASTI							
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Names and E	Susiness Addresses	of President, Secretary, and Directors. Treasure	er (optional).					
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
	STURGILL	1031 EASTLAND DR	TWIN FALLS	ID		83301		
	LMGREN	3362 B ADDISON AVE	KIMBERLY	ID		83341		
SECRETARY DAVID	TAYLOR	3413 SAGE SPRINGS DRIVE	KIMBERLY	ID		83341		
5. Organized Under the Laws of: 6. Annual Re		ort must be signed.*						
<b>ID</b> Signat		ture: Robert Sturgill		Date: 03/09/2015				
C 201524	Name (type	Name (type or print): Robert Sturgill		Title: President				
Processed 03/09/2015	* Electronically	* Electronically provided signatures are accepted as original signatures.						