No. **C 104813**	**Due no later than Jan 31, 2015**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** KNIPE & KNIPE, INC. BRADFORD T KNIPE 1661 W SHORELINE DRIVE SUITE 200 BOISE ID 83702 USA	BRADFORD TAYLOR KNIPE 1661 W. SHORELINE DRIVE SUITE 200 BOISE 83702 3. New 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	BRADFORD T KNIPE	2773 S. ARMADA PLACE	BOISE	ID	USA	83706
SECRETARY	AMANDA L KNIPE	2773 S. ARMADA PLACE	BOISE	ID	USA	83706

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 104813**	Signature: Bradford Knipe	Date: 11/15/2014
	Name (type or print): Bradford Knipe	Title: President

Processed 11/15/2014

* Electronically provided signatures are accepted as original signatures.