

|                                                                                                                                                        |                |                                                                             |                  |                                                                        |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------|------------------|------------------------------------------------------------------------|---------|------------------|--|
| No. <b>C 174279</b>                                                                                                                                    |                | <b>Due no later than Jul 31, 2017</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>                                                   |                  | SHALYCE CLARK<br>10376 S DEMPSEY CREEK RD<br>LAVA HOT SPRINGS ID 83246 |         |                  |  |
|                                                                                                                                                        |                | <b>1. Mailing Address: Correct in this box if needed.</b>                   |                  | 3. <u>New</u> Registered Agent Signature:*                             |         |                  |  |
|                                                                                                                                                        |                | JT CLARK, INC.<br>TAMARA D CLARK<br>PO BOX 360<br>LAVA HOT SPRINGS ID 83246 |                  |                                                                        |         |                  |  |
| 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                                                                                                                                              | TAMARA D CLARK | PO BOX 360                                                                  | LAVA HOT SPRINGS | ID                                                                     | USA     | 83246            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                           |                  |                                                                        |         |                  |  |
| <b>UT<br/>C 174279</b>                                                                                                                                 |                | Signature: Tamara Clark                                                     |                  |                                                                        |         | Date: 05/18/2017 |  |
|                                                                                                                                                        |                | Name (type or print): Tamara Clark                                          |                  |                                                                        |         | Title: President |  |
| Processed 05/18/2017                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.   |                  |                                                                        |         |                  |  |