| No. <b>C 96744</b>   |  | Due no later than Nov 30, 2017   |   | 2. Registered Ag         | 2. Registered Agent and Address (NO PO BOX)   |                |             |  |
|--|--|--|---|--------------------------|---|----------------|-------------|--|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |  | Annual Report Form  1. Mailing Address: Correct in this box if needed.  MAI FAMILY, INC.  TIFFANIE MAI-GANSKE 812 EAST CLARK STREET POCATELLO ID 83201 |   | 812 EAST CL<br>POCATELLO | TAMMY MAI 812 EAST CLARK STREET POCATELLO ID 83201  3. New Registered Agent Signature:* |                |             |  |
| NO FILING FEE IF RECEIVED BY DUE DATE  |  | USA  | Dussident Country, and Diverton Trans                             | auran (antianal)         |   |                |             |  |
| Office Held Name   |  | ess Addresses of 1   | President, Secretary, and Directors. Trea<br>Street or PO Address | City                     | State   | Country        | Postal Code |  |
| PRESIDENT TIFFANIE MAI-GANSKE<br>TREASURER TAMMY MAI   |  | 2350 SATTERFIELD<br>3648 SUMMIT  | POCATELLO<br>POCATELLO  | ID<br>ID                 | USA<br>USA  | 83201<br>83201 |             |  |
| 5. Organized Under the Laws of:  |  | 6. Annual Report must be signed.*  |   |                          |   |                |             |  |
| ID<br>C 96744  |  | Signature: Tiffanie Mai-Ganske<br>Name (type or print): Tiffanie Mai-Ganske  |   |                          | Date: 09/18/2017<br>Title: President  |                |             |  |
| Processed 09/18/2017 * Electronically provided signatures are accepted as original signatures. |  |  |   |                          |   |                |             |  |