No. <b>C 211460</b>		Due no later than Oct 31, 2017 Annual Report Form		2. Registered	Registered Agent and Address (NO PO BOX)     UNITED STATES CORPORATION AGEN			
Return to:								
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  SHEEPDOG OUTDOOR ADVENTURE RECOVERY INC. SHAWN DANIEL WILLIAMS 234 N MAIN ST MALAD ID 83252		BOISE ID	800 W MAIN ST STE 1460 BOISE ID 83702  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
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 SHAWN DAN		IIEL WILLIAMS	234 N MAIN ST	MALAD	ID		83252	
DIRECTOR BRADLEY DA		NIEL TILLOTSON	234 N MAIN ST	MALAD	ID		83252	
DIRECTOR BROOK B BLAISDELL		AISDELL	234 N MAIN ST	MALAD	ID		83252	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Shawn		Date: 12/15/2017				
C 211460		Name (type or print): Shawn Williams			Title: President			
Processed 12/15/2017 * Electronically provided signatures are accepted as original signatures.								