| No. C 152770 | | Due no later than Jan 31, 2016 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|--|--|----------------------|-------------------|---|---------|-------------|--|
| Return to: | | Annual Report Form | | 2624 AMPE | WILLIAM KNIPE 3624 AMBERGINA LANE | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. EPINK, INC. KATHRYN N KNIPE 115 BROME DRIVE VICTOR ID 83455 | | BOISE ID | BOISE ID 83703 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 Na | ame | | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT KATHRYN N | | KNIPE | 115 BROME DRIVE | VICTOR | ID | USA | 83455 | |
| | | NIPE WATERS | 460 E ROOSTER COURT | EAGLE | ID | USA | 83616 | |
| SECRETARY CATHLEEN KNIPE WATERS 460 E ROOSTER COURT EAGLE ID USA 83616 | | | | | | | 83616 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Kathryn | | Date: 11/19/2015 | | | | |
| C 152770 | | Name (type or prin | | Title: Peresident | | | | |
| Processed 11/19/2015 | /19/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | | |