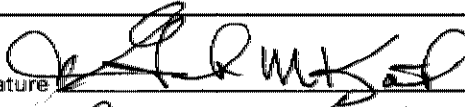
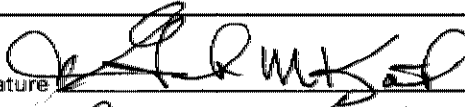
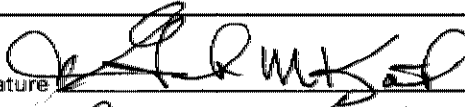


No. C128204	Annual Report Form Due No Later Than November 30, 1999		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct		GRANT M KORTH 215 SHERWOOD DR																			
	C.H.I.P., INC. GRANT M KORTH 215 SHERWOOD DR		NAMPA ID 83651 3. Organized Under the Laws of: ID C128204																			
** FINAL NOTICE ** NAMPA ID 83651																						
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one) <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Grant Korth</td> <td>215 N. Sherwood Dr.</td> <td>Nampa</td> <td>Id.</td> <td>83651</td> </tr> <tr> <td>Secretary</td> <td>Sherelye Korth</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Grant Korth	215 N. Sherwood Dr.	Nampa	Id.	83651	Secretary	Sherelye Korth	"	"	"	"
Office held	Name	Street or P.O. Address	City	State	Zip																	
President	Grant Korth	215 N. Sherwood Dr.	Nampa	Id.	83651																	
Secretary	Sherelye Korth	"	"	"	"																	
5. <u>New</u> Registered Agent Signature		6. <table border="1"> <tr> <td>Signature </td> <td>Date Oct 27, 1999</td> </tr> <tr> <td>Name (Type or Print) Grant M. Korth</td> <td>Title President</td> </tr> </table>			Signature 	Date Oct 27, 1999	Name (Type or Print) Grant M. Korth	Title President														
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ISSUED: 10-01-1999

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