| No. C 147367 | | Due no later than Jan 31, 2014 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|---|--|------------------------------------|--|-------------------|-------------------------|--|
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 WOMA JENNIF 3495 V | | 1. Mailing Address WOMANTOURS, INC. JENNIFER THOMPSC 3495 WINTON PL. E- | Annual Report Form 1. Mailing Address: Correct in this box if needed. WOMANTOURS, INC. JENNIFER THOMPSON 3495 WINTON PL. E-245 ROCHSTER NY 14623 | | SANDRA PACKARD 792 EBONY POCATELLO ID 83201 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Corporations: Enter Names | s and Busine | ess Addresses of Preside | ent, Secretary, and Directors. Treasu | rer (optional). | | | | |
| Office Held N | Name | | Street or PO Address | City | State | Country | Postal Code | |
| SECRETARY SA | TARY SANDRA PACKARD | | 1149 VIA SAN FRANCISCO 792 EBONY 2340 ELMWOOD AVE | RIO RICO POCATELLO ROCHESTER | AZ ID NY | USA USA USA | 85648 83201 14618 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID CALTERED | | Signature: Jennifer Thompson | | | Date: 11/22/2013 | | | |
| C 147367 | | Name (type or print) | Title | Title: Operations Manager | | | | |
| Processed 11/22/2013 | * Electronically provided signatures are accepted as original signatures. | | | | | | | |