

|  |                  |  |            |  |         |             |  |
|--|------------------|--|------------|--|---------|-------------|--|
| No. <b>C 196199</b>  |                  | <b>Due no later than Oct 31, 2014</b>  |            | 2. Registered Agent and Address <b>(NO PO BOX)</b>       |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>TIPS TOES & ENDS, INC.<br>BROOKE P. KINCAID<br>1444 VALENCIA ST<br>TWIN FALLS ID 83301<br>USA |            | BROOKE P LAMMERS<br>1444 VALENCIA ST<br>TWIN FALLS 83301 |         |             |  |
|  |                  |  |            | 3. <u>New</u> Registered Agent Signature:*               |         |             |  |
| 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  | BROOKE P KINCAID | 1444 VALENCIA ST   | TWIN FALLS | ID   | USA     | 83301       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 196199</b>  |                  | 6. Annual Report must be signed.*<br>Signature: Brooke Kincaid<br>Name (type or print): Brooke Kincaid<br>Date: 10/27/2014<br>Title: President                 |            |  |         |             |  |
| Processed 10/27/2014   |                  | * Electronically provided signatures are accepted as original signatures.  |            |  |         |             |  |