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|--|----------------|---|---------|---|---------|-------------------|--|
| No. C 196084 | | Due no later than Sep 30, 2018 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form | | DAVID DURRETT 1610 2ND AVE S PAYETTE ID 83661 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | STATELINE RESTORATION INC. DAVID DURRETT PO BOX 854 ONTARIO OR 97914 | | | | | |
| 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 | DAVID DURRETT | 1610 2ND AVE S | PAYETTE | ID | USA | 83661 | |
| SECRETARY | CLINTON BENSON | 1044 SW 3RD ST | ONTARIO | OR | USA | 97914 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| OR C 196084 | | Signature: Becky Belknap | | | | Date: 07/30/2018 | |
| | | Name (type or print): Becky Belknap | | | | Title: Bookkeeper | |
| Processed 07/30/2018 | | * Electronically provided signatures are accepted as original signatures. | | | | | |