No. <b>C 105965</b>		Due no later than Apr 30, 2018		2. Re	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			JAMES HUTCHENS 1418 J R CT SANDPOINT ID 83864				
SECRETARY OF STATE		1. Mailing Address: Correct in this box if needed.							
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		NORTHSHORE OW TOM S CURTISS PO BOX 1544			איוטרסטיין וויונטראטויאכ				
		SANDPOINT ID 83864		3. <u>N</u> e	3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE									
4. Corporations: Enter Na	mes and Busin	ess Addresses of Pres	ident, Secretary, and Directors. Trea	surer (optio	nal).				
Office Held	Name		Street or PO Address	City	/	State	Country	Postal Code	
PRESIDENT	SIDENT BETHANY LIS		1604 NORTHSHORE DR	SAI	NDPOINT	ID	USA	83864	
DIRECTOR	RECTOR ERIK OLSON		1604 NORTHSHORE DR	SAI	NDPOINT	ID	USA	83864	
DIRECTOR	IRECTOR JAMES S H		1410 JR COURT	SAI	NDPOINT	ID	USA	83864	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID C 105965		Signature: tom curtiss			Date: 03/07/2018				
		Name (type or print): tom curtiss			Title: managing agent				
Processed 03/07/2018 * Electronically provided signatures are accepted as original signatures.									