

|                                                                                                                                                        |             |                                                                                                                                                                                                             |                |                                                          |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------|---------------------|
| No. <b>C 138691</b>                                                                                                                                    |             | <b>Due no later than Apr 30, 2016</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>EASTWOOD MANAGEMENT, INC.<br>SHERRI MYRE-BURRINGTON<br>2510 N PINES ROAD STE 1<br>SPOKANE VALLEY WA 99206 |                | ROBERT TEMPLIN<br>414 E FIRST AVE<br>POST FALLS ID 83854 |                     |
|                                                                                                                                                        |             |                                                                                                                                                                                                             |                | 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                                                                                                                                              | BILL LAWSON | 2510 N PINES ROAD STE 1                                                                                                                                                                                     | SPOKANE VALLEY | WA                                                       | USA 99206           |
| 5. Organized Under the Laws of:<br><br><b>WA</b><br><b>C 138691</b>                                                                                    |             | 6. Annual Report must be signed.*<br>Signature: SHERRI MYRE BURRING<br>Name (type or print): SHERRI MYRE BURRING<br>Date: 04/11/2016<br>Title: BOOKKEEPER                                                   |                |                                                          |                     |
| Processed 04/11/2016                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                                                                                   |                |                                                          |                     |