| No. <b>C 128727</b>  |                 |   |   | 2. Registered Agent and Address (NO PO BOX) |  |   |          |             |
|--|-----------------|---|---|---|--|---|----------|-------------|
| Return to:   |                 | Annual Report Form  |   | CAROL L QUESNELL 710 W MULLAN SUITE B       |  |   |          |             |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                 | 1. Mailing Address: Correct in this box if needed.  QUESNELL'S CUT'S, INC.  CAROL L QUESNELL  710 W MULLAN SUITE B  POST FALLS ID 83854 |   |   |  |   |          |             |
|  |                 |   |   |   | POST FALLS ID 83854  3. New Registered Agent Signature:* |   |          |             |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |                 | 1001171225  | 12 03031                                  |   |  | - · · · · · · · · · · · · · · · · · · · | <b>J</b> |             |
| 4. Corporations: Enter   | Names and Busin | ess Addresses of  | President, Secretary, and Directors. Trea | asurer (d                                   | optional).   |   |          |             |
| Office Held  | Name            |   | Street or PO Address                      |   | City   | State                                   | Country  | Postal Code |
| PRESIDENT  | CAROL L Q       | UESNELL   | 5306 WOODLAND DR                          |   | POST FALLS   | ID                                      | USA      | 83854       |
| 5. Organized Under the Laws of:  |                 | 6. Annual Report must be signed.*   |   |   |  |   |          |             |
| ID<br>C 128727   |                 | Signature: Carol Quesnell   |   |   | Date: 03/29/2013   |   |          |             |
|  |                 | Name (type or print): Carol Quesnell  |   |   | Title: President   |   |          |             |
| Processed 03/29/2013   |                 | * Electronically provided signatures are accepted as original signatures.   |   |   |  |   |          |             |