No. C 175792 Return to:		Due no later than Nov 30, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX) SHERYL RICKARD			
NO FILING FEE IF RECEIVED BY DUE DATE							
1. Corporations: Enter N	Names and Busin	ess Addresses of P	resident, Secretary, and Directors. Treasurer ((optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	THOMAS LA	WRENCE	6509 HIGHWAY 2	SANDPOINT	ID	USA	83864
DIRECTOR	CHRIS CHAN	4BERS	502 LAKEVIEW	SANDPOINT	ID	USA	83864
PRESIDENT	JOE WILLIAN	MS	P.O.BOX 967	SANDPOINT	ID	USA	83864
TREASURER	MATT MIRE		1323 HWY 2	SANDPOINT	ID	USA	83864
SECRETARY	TARY BARB MERRITT		957 GRANITE RIDGE ROAD	SANDPOINT	ID	USA	83864
DIRECTOR	CTOR ROBIN DYCK		1503 MATHISON DR	SANDPOINT	ID	USA	83864
DIRECTOR	OR TOM CHASSE		10000 SCHWEITZER MOUNTAION RD	SANDPOINT	ID	USA	83864
VICE PRESIDENT			P.O. BOX 6	SANDPOINT	ID	USA	83864
DIRECTOR	DEBBIE HEIS	SER	301 CEDAR STREET	SANDPOINT	ID	USA	83864
5. Organized Under the Laws of:		6. Annual Report					
ID		Signature: Sheryl Rickard		Date: 09/28/2016			
C 175792		Name (type or	Title: CEO				
Processed 09/28/2016		* Electronically pro	ovided signatures are accepted as original sign	atures.			