No. C 99758	Due no later than Sep 30, 2014		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		CRAIG W. CHRISTENSEN			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.			414 SOUTH GARFIELD POCATELLO ID 83204 3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	CRAIG W. CHRISTENSEN, CHARTERED CRAIG W CHRISTENSEN 414 SOUTH GARFIELD POCATELLO ID 83204 USA						
NO FILING FEE IF RECEIVED BY DUE DATE			or <u>rest</u> registers				
4. Corporations: Enter Names and Busine	ess Addresses of Pr	esident, Secretary, and Directors. Treas	surer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR CRAIG W C	HRISTENSEN	414 SOUTH GARFIELD	POCATELLO	ID	USA	83204-0130	
SECRETARY JANIE L HAF	RRIS	414 SOUTH GARFIELD	POCATELLO	ID	USA	83204-0130	
PRESIDENT CRAIG W C	HRISTENSEN	414 SOUTH GARFIELD	POCATELLO	ID	USA	83204-0130	
5. Organized Under the Laws of: 6. Annual Report r		must be signed.*					
ID Signature: Cra		ig W. Christensen Date: 09/03/2014				ŀ	
C 99758	Name (type or print): Craig W. Christensen			Title: President			
Processed 09/03/2014	* Electronically provided signatures are accepted as original signatures.						