No. **C 137278**	**Due no later than Jan 31, 2015** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** ELLERSICK SPECIALTIES, INC. PO BOX 85 SPIRIT LAKE ID 83869	JOHN M ELLRSICK 701 TOWER MOUNTAIN RD BLANCHARD 83804 3. New 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
SECRETARY	ADRIANE ELLERSICK	P.O. BOX 85	SPIRIT LAKE	ID	USA	83869
PRESIDENT	JOHN ELLERSICK	P.O. BOX 85	SPIRIT LAKE	ID	USA	83869

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 137278**	Signature: Roxanna Michalski Name (type or print): Roxanna Michalski	Date: 12/24/2014 Title: Accountant

Processed 12/24/2014

* Electronically provided signatures are accepted as original signatures.