No. C 145067	ı	Due no later than Aug 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		LISA LEYSHON			
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed. COLD CREEK, INC. LISA LEYSHON 2890 COLD CREEK RD AMERICAN FALLS ID 83211		2890 COLD CREEK RD AMERICAN FALLS ID 83211 3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	LISA LEYSH 2890 COLD						
NO FILING FEE IF RECEIVED BY DUE DATI							
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held Nam	e	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT LISA	LEYSHON	2890 COLD CREEK RD	AMERICAN FALLS	S ID	USA	83211	
SECRETARY BRET	T LEYSHON	2890 COLD CREEK RD	AMERICAN FALLS	S ID	USA	83211	
5. Organized Under the Laws of	: 6. Annual Rep	6. Annual Report must be signed.*					
ID ID	Signature:	Signature: Lisa Leyshon		Date: 06/18/2014			
C 145067	Name (type	Name (type or print): Lisa Leyshon		Title: President			
Processed 06/18/2014	* Electronically	* Electronically provided signatures are accepted as original signatures.					