| No. C 109834 Return to: | | Due no later than Mar 31, 2014 Annual Report Form | | | Registered Agent and Address (NO PO BOX) CARL R ASHMEAD | | | |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------|--|----------------------------------------------------------------------|-------|---------|-------------|
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. DAVID A. KLEIN, INC. DAVID A KLEIN 1139 12TH AVE RD NAMPA ID 83686 | | | 1139 12TH AVE RD NAMPA ID 83686 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 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 |
| PRESIDENT | DENT DAVID A KLEIN | | 2240 LAKE VIEW AVE. | | LOS ANGELES | CA | USA | 90039 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Carl R Ashmead | | | Date: 01/29/2014 | | | |
| C 109834 | | Name (type or print): Carl R Ashmead | | | Title: Cpa | | | |
| Processed 01/29/2014 | Processed 01/29/2014 * Electronically provided signatures are accepted as original signatures. | | | | | | | |