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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------|---------|------------------|--|
| No. <b>C 44992</b>                                                                                                                                     |                | <b>Due no later than Feb 29, 2016</b>                                                                                                                      |             | 2. Registered Agent and Address <b>(NO PO BOX)</b>    |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>RS&I, INC.<br>CARMEN MARLER WELLS & BENSON CPA, PA<br>PO BOX 1664<br>IDAHO FALLS ID 83403 |             | GARY OLSEN<br>2436 N WOODRUFF<br>IDAHO FALLS ID 83401 |         |                  |  |
|                                                                                                                                                        |                |                                                                                                                                                            |             | 3. <u>New</u> 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                                                                                                                                              | PATRICIA OLSEN | 2436 N WOODRUFF                                                                                                                                            | IDAHO FALLS | ID                                                    | USA     | 83403            |  |
| PRESIDENT                                                                                                                                              | GARY OLSEN     | 2436 N WOODRUFF                                                                                                                                            | IDAHO FALLS | ID                                                    | USA     | 83403            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                          |             |                                                       |         |                  |  |
| <b>ID<br/>C 44992</b>                                                                                                                                  |                | Signature: Gary Olsen                                                                                                                                      |             |                                                       |         | Date: 12/23/2015 |  |
|                                                                                                                                                        |                | Name (type or print): Gary Olsen                                                                                                                           |             |                                                       |         | Title: Officer   |  |
| Processed 12/23/2015                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                  |             |                                                       |         |                  |  |