

| | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------|---------|-------------|
| No. C 161350 | | Due no later than Jul 31, 2014 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. WARE MALCOMB CARLA ROSS 10 EDELMAN IRVINE CA 92618 USA | | PARACORP INCORPORATED 921 S ORCHARD ST STE G BOISE ID 83705 USA | | |
| | | | | 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 |
| TREASURER | TOBIN SLOANE | 10 EDELMAN | IRVINE | CA | USA | 92618 |
| SECRETARY | KENNETH A WINK | 10 EDELMAN | IRVINE | CA | USA | 92618 |
| PRESIDENT | LAWRENCE R ARMSTRONG | 10 EDELMAN | IRVINE | CA | USA | 92618 |
| 5. Organized Under the Laws of: CA C 161350 | | 6. Annual Report must be signed.* Signature: Tobin Sloane Name (type or print): Tobin Sloane Date: 05/19/2014 Title: Cfo | | | | |
| Processed 05/19/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | |