No. C 194146		Due no later than Mar 31, 2013		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		AMY L COLEMAN				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. LEONA ALEXANDER COMPANY JOHN COLEMAN PO BOX 1293 TWIN FALLS ID 83303		2954 E 3400 N TWIN FALLS ID 83301 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Names	and Busine	ess Addresses of	President, Secretary, and Directors.	Treasurer ((optional).			
Office Held Na	ame		Street or PO Address		City	State	Country	Postal Code
PRESIDENT JOHN A COL		LEMAN	PO BOX 1293		TWIN FALLS	ID	USA	83303
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: John Coleman			Date: 01/19/2013			
C 194146		Name (type or print): John Coleman			Title: Agent			
Processed 01/19/2013 * Electronically provided signatures are accepted as original signatures.								