No. C 147065		Annual Report Form 1. Mailing Address: Correct in this box if needed. MICHAEL B. MCFARLAND, P.A. MICHAEL B. MCFARLAND 421 COEUR D'ALENE AVE.		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:					MICHAEL B MCFARLAND			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080					10714 MCFARLAND ROAD ATHOL ID 83801			
				ATHOL ID				
				3. <u>New</u> Registe	3. New Registered Agent Signature:*			
NO FILING FEE IF		COEUR D ALENE ID 83814-2862						
RECEIVED BY DUE DATE								
4. Corporations: Enter Na	ames and Busin	ess Addresses of Pr	esident, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	MICHAEL B	MCFARLAND	10714 MCFARLAND ROAD	ATHOL	ID	USA	83801	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Mich		Date: 11/22/2016				
C 147065		Name (type or p		Title: President				
Processed 11/22/2016	* Electronically provided signatures are accepted as original signatures.							