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|--|-----------------|--|------|--|---------|-------------|
| No. C 76422 | | 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. JOHN F. PORTER, P.A. JOHN F. PORTER P. O. BOX 459 TROY ID 83871-0459 USA | | JOHN F. PORTER 511 SOUTH MAIN STREET TROY ID 83871 | | |
| | | | | 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 |
| PRESIDENT | JOHN F PORTER | PO BOX 459 | TROY | ID | USA | 83871-0459 |
| SECRETARY | EVELYN S PORTER | PO BOX 459 | TROY | ID | USA | 83871-0459 |
| DIRECTOR | JOHN F PORTER | PO BOX 459 | TROY | ID | USA | 83871-0459 |
| 5. Organized Under the Laws of: ID C 76422 | | 6. Annual Report must be signed.* Signature: John F. Porter Name (type or print): John F. Porter Date: 05/12/2014 Title: President | | | | |
| Processed 05/12/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | |