

No. <b>C 126457</b>		<b>Due no later than Nov 30, 2014</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		KEVIN KRACKE 422 17TH STREET LEWISTON 83501			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		DR. KRACKE & ASSOCIATES, P.A. KEVIN KRACKE 605 9TH ST LEWISTON ID 83501 USA					
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	KIMBERLY R KRACKE	605 TH ST	LEWISTON	ID	USA	83501	
PRESIDENT	KEVIN R KRACKE	605 9TH ST.,	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 126457</b>		Signature: Kevin Kracke			Date: 11/25/2014		
		Name (type or print): Kevin Kracke			Title: President		
Processed 11/25/2014		* Electronically provided signatures are accepted as original signatures.					