No. C 181751		Due no later than Jan 31, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. BRENT B. NIELSON, CHARTERED BRENT B. NIELSON PO BOX 487 TWIN FALLS ID 83303-0487		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				780 EASTLA TWIN FALLS	BRENT B NIELSON 780 EASTLAND DR STE 1 TWIN FALLS ID 83301-0487 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 Trea	esurer (ontional)	(ontional)			
Office Held Name		css / tadi csscs or	Street or PO Address	City	State	Country	Postal Code	
SECRETARY PRESIDENT			P.O. BOX 487 P.O. BOX 487	TWIN FALLS TWIN FALLS	ID ID	USA USA	83303-0487 83303-0487	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Br		Date: 01/17/2018				
C 181751		Name (type o		Title: President				
Processed 01/17/2018		* Electronically p	provided signatures are accepted as origin	nal signatures.				