

|                                                                                                                                                        |                 |                                                                                                                                                                   |            |                                                           |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------------|---------|-------------|--|
| No. <b>C 159183</b>                                                                                                                                    |                 | <b>Due no later than Mar 31, 2014</b>                                                                                                                             |            | 2. Registered Agent and Address <b>(NO PO BOX)</b>        |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>BRENNAN FINANCIAL DALLIANCES INC.<br>JAMES F BRENNAN<br>576 ADDISON AVE W<br>TWIN FALLS ID 83301 |            | JAMES BRENNAN<br>576 ADDISON AVE W<br>TWIN FALLS ID 83301 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                                   |            | 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                                                                                                                                              | JAMES F BRENNAN | 576 ADDISON AVE. W                                                                                                                                                | TWIN FALLS | ID                                                        | USA     | 83301       |  |
| SECRETARY                                                                                                                                              | DEBRA J BRENNAN | 576 ADDISON AVE. W                                                                                                                                                | TWIN FALLS | ID                                                        | USA     | 83301       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 159183</b>                                                                                          |                 | 6. Annual Report must be signed.*<br>Signature: Debra Brennan<br>Name (type or print): Debra Brennan<br>Date: 02/27/2014<br>Title: Secretary                      |            |                                                           |         |             |  |
| Processed 02/27/2014                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                         |            |                                                           |         |             |  |