| No. C 205174 | | Due no later than Mar 31, 2018 | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|---|---|--|----------|---------|----------------|
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF VILLAGE KATHLEE 776 E. R SUITE 24 EAGLE I | | ERSIDE DRIVE | KATHLEEN ROMA 776 E. RIVERSIDE DRIVE SUITE 240 EAGLE ID 83616 3. New Registered Agent Signature:* | | | |
| RECEIVED BY DUE DATE 4. Corporations: Enter Names and B | ısiness Addresses | of President, Secretary, and Directors. Treasurer | (ontional) | | | |
| Office Held Name | Jan 1635 Madi 163565 | Street or PO Address | City | State | Country | Postal Code |
| DIRECTOR KATHLEE DIRECTOR DAVID S | n roma Caggs | 776 E. RIVERSIDE DRIVE SUITE 240 1341 S SPRING VALLEY DR | EAGLE NAMPA | ID ID | | 83616 83686 |
| 5. Organized Under the Laws of: 6. Annual Re | | port must be signed.* | | | | |
| ID Signatur | | e: KATHLEEN ROMA Date: 02/21/2018 | | | | |
| C 205174 | Name (type | e or print): KATHLEEN ROMA | Title: DIRECTOR | | | |
| Processed 02/21/2018 | * Electronically provided signatures are accepted as original signatures. | | | | | |