| No. C 200265 | | Due no later than Nov 30, 2014 | | 2 | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-------------|---|---|-----------|---|-------|---------|-------------|
| Return to: | | Annual Report Form | | | MICHELE ROBISON | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. SUPERIOR CHOICE VENDING INC. MICHELE ROBISON 4717 S HOLMES AVE IDAHO FALLS ID 83404 | | _ | 4717 S HOLMES AVE IDAHO FALLS ID 83404 3. New Registered Agent Signature:* | | | |
| NO FILING F RECEIVED BY DO | UE DATE | oss Addresses of | President, Secretary, and Directors. Trea | acurar (a | entional) | | | |
| Office Held | Name | ess Addresses of | Street or PO Address | asurer (o | City | State | Country | Postal Code |
| PRESIDENT | MICHELE B I | ROBISON | 4717 S HOLMES AVE | | IDAHO FALLS | ID | USA | 83404 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID C 200265 | | Signature: Michele Robison | | | Date: 09/19/2014 | | | |
| | | Name (type or print): Michele Robison | | | Title: President | | | |
| Processed 09/19/2014 | | * Electronically p | rovided signatures are accepted as origin | nal signa | tures. | | | |