

No. <b>C 113171</b>		<b>Due no later than Dec 31, 2016</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  WORKMAN MANAGEMENT, INC. BILL WORKMAN 799 HANKINS RD TWIN FALLS ID 83301		MELVA WORKMAN 799 HANKINS RD 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	MELVA WORKMAN	799 HANKINS RD	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:  <b>ID</b> <b>C 113171</b>		6. Annual Report must be signed.*  Signature: Bill Workman Name (type or print): Bill Workman					
		Date: 11/10/2016 Title: Manager					
Processed 11/10/2016      * Electronically provided signatures are accepted as original signatures.							