No. **C 202812**	**Due no later than Jul 31, 2015** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** KYLE D. CONDIE CPA, PC KYLE D CONDIE CPA PO BOX 513 RUPERT ID 83350	KYLE D CONDIE CPA 506 6TH ST RUPERT ID 83350-8335 3. New 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	KYLE D CONDIE	PO BOX 513	RUPERT	ID	USA	83350

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 202812**	Signature: Kyle Condie Name (type or print): Kyle Condie	Date: 05/27/2015 Title: President

Processed 05/27/2015

* Electronically provided signatures are accepted as original signatures.