No. <b>C 169918</b>		Due no later than Nov 30, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		THOMAS LEO			
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.  GRAPHICOMM INCORPORATED THOMAS LEO PO BOX 638 COCOLALLA ID 83813		141 KELLIE LYNN LANE BOX 638 COCOLALLA ID 83813  3. New Registered Agent Signature:*			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
SECRETARY JENNIFER M LEO PRESIDENT THOMAS J LEO		141 KELLIE LYNN LANE BOX 638 141 KELLIE LYNN LANE BOX 638	COCOLALLA COCOLALLA	ID ID	USA USA	83813 83813	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: thomas leo		Date: 10/11/2016			
C 169918		Name (type or print): thomas leo		Title: president			
Processed 10/11/201	16	* Electronically pro	ovided signatures are accepted as original si	gnatures.			