No. C 113171	Due no later than Dec 31, 2015	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	MELVA WORKMAN 799 HANKINS RD TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. WORKMAN MANAGEMENT, INC. BILL WORKMAN 799 HANKINS RD TWIN FALLS ID 83301				
NO FILING FEE IF RECEIVED BY DUE DATE					
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 WOI	RKMAN 799 HANKINS RD	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: William Workman	Date: 10/17/2015			
C 113171	Name (type or print): William Workman	Title: Manager			
Processed 10/17/2015	* Electronically provided signatures are accepted as original signatures.				