

| | | | | | | | |
|--|------------|--|-------------|---|---------|-------------|--|
| No. C 193599 | | Due no later than Feb 28, 2015 | | 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. OSN, INC. DAVID LYON 1695 BRENTHAVEN ST IDAHO FALLS ID 83402 | | DAVID LYON 1695 BRENTHAVEN ST IDAHO FALLS 83402 | | | |
| | | | | 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 | DAVID LYON | 1695 BRENTHAVEN STREET | IDAHO FALLS | ID | USA | 83402 | |
| 5. Organized Under the Laws of: ID C 193599 | | 6. Annual Report must be signed.* Signature: David LYon Name (type or print): David LYon Date: 03/12/2015 Title: President | | | | | |
| Processed 03/12/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |