

|                                                                                                                                                        |                 |                                                                                                                                                                |           |                                                             |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------|---------|-------------|--|
| No. <b>C 172344</b>                                                                                                                                    |                 | <b>Due no later than Mar 31, 2016</b>                                                                                                                          |           | 2. Registered Agent and Address <b>(NO PO BOX)</b>          |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>MONARCH MARBLE & GRANITE, INC.<br>BROOKE STEBBINS<br>335 MCGHEE RD #103<br>SANDPOINT ID 83864 |           | BROOKE STEBBINS<br>335 MCGHEE RD #103<br>SANDPOINT ID 83864 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                                |           | 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 |  |
| SECRETARY                                                                                                                                              | BROOKE STEBBINS | 674 A ST                                                                                                                                                       | SANDPOINT | ID                                                          | USA     | 83864       |  |
| PRESIDENT                                                                                                                                              | JOSH STEBBINS   | 674 A ST                                                                                                                                                       | SANDPOINT | ID                                                          | USA     | 83864       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 172344</b>                                                                                          |                 | 6. Annual Report must be signed.*<br>Signature: Brooke Stebbins<br>Name (type or print): Brooke Stebbins<br>Date: 01/19/2016<br>Title: secretary               |           |                                                             |         |             |  |
| Processed 01/19/2016                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                      |           |                                                             |         |             |  |