No. C 204448	Due no later than Dec 31, 2017	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: Annual Report Form		#00000 DO 100000 DO 10000000	JARED C HEWARD			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. JARED C HEWARD, CPA, PC JARED C HEWARD 401 GOODING STREET NORTH	STE #203	401 GOODING STREET NORTH STE #203 TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE	STE #203 TWIN FALLS ID 83301	3. <u>New</u> Register	3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Busin	ness Addresses of President, Secretary, and Directors. Treasu	ırer (optional).				
Office Held Name	Street or PO Address	City	State	Country	Postal Code	
SECRETARY RACHEL L PRESIDENT JARED C H		TWIN FALLS TWIN FALLS	ID ID	USA USA	83301 83301	
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID	Signature: Jared Heward	Date: 10/30/2017				
C 204448	Name (type or print): Jared Heward		Title: PRESIDENT			
Processed 10/30/2017	* Electronically provided signatures are accepted as original signatures.					