No. **C 182372**	**Due no later than Mar 31, 2014** **Annual Report Form**	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.** SEEMAN BOOKKEEPING, INC. SHEILA A SEEMAN PO BOX 729 PARMA ID 83660	SHEILA A SEEMAN 120 N THIRD ST PARMA ID 83660 3. New 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
DIRECTOR	DONALD A SEEMAN	PO BOX 95	PARMA	ID	USA	83660-0095
PRESIDENT	SHEILA A SEEMAN	PO BOX 95	PARMA	ID	USA	83660-0095

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 182372**	Signature: Sheila A Seeman	Date: 03/25/2014
	Name (type or print): Sheila A Seeman	Title: President

Processed 03/25/2014

* Electronically provided signatures are accepted as original signatures.