No. <b>C 155633</b>		A AND CONTRACTOR OF THE PARTY O	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		Annual Report Form  1. Mailing Address: Correct in this box if needed.  JOEL T. ROBINS, CHARTERED  JOEL T ROBINS  146 W 500 S	JOEL T ROBINS 146 W 500 S BURLEY ID 83318			
		BURLEY ID 83318	3. New Registered Agent Signature:*			
200		ss Addresses of President, Secretary, and Directors. Treasurer (			_	
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT SECRETARY	JOEL T ROBI LAURA J ROB		BURLEY BURLEY	ID ID	USA USA	83318 83318
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Joel Robins	Date: 05/24/2016			
C 155633		Name (type or print): Joel Robins	Title: President			
Processed 05/24/2016 * Electronically provided signatures are accepted as original signatures.						