

No. C 100981		Due no later than Feb 28, 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. SKM ENTERPRISES, INC. SUE MCLIMANS PO BOX 144 TWIN FALLS ID 83303-0144		SUSAN MCLIMANS 217 WALL ST TWIN FALLS ID 83301			
						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	SUE MCLIMANS	217 WALL ST	TWIN FALLS	ID	USA	83301	
SECRETARY	KELSEY MCLIMANS	PO BOX 144	TWIN FALLS	ID	USA	83303-0144	
5. Organized Under the Laws of: ID C 100981		6. Annual Report must be signed.* Signature: Susan McLimans Name (type or print): Susan McLimans					
		Date: 02/25/2014 Title: President					
Processed 02/25/2014		* Electronically provided signatures are accepted as original signatures.					