No. C 180054		Due no later than Sep 30, 2015	2. Registered A	istered Agent and Address (NO PO BOX)		
Return to:		Annual Report Form	JOE F SILVA 3392 EAST 3788 NORTH KIMBERLY ID 83341 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SILVA'S CABINET SHOP, INC. JOE F SILVA 3392 EAST 3788 NORTH KIMBERLY ID 83341				
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Corporations: Enter Nar	mes and Busin	ess Addresses of President, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT JOE F SILV		A 3392 EAST 3788 NORTH	KIMBERLY	ID	USA	83341
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: joe f silva	Date: 07/20/2015			
C 180054		Name (type or print): joe f silva	Title: Pres.			
Processed 07/20/2015 * Electronically provided signatures are accepted as original signatures.						