No. C 56119		Due no later than Jul 31, 2016	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. ARLO GROVER AND SONS, INC. ARLO GROVER P. O. BOX 174	REED L MOSS 483 E STREET IDAHO FALLS ID 83402 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		RIRIE ID 83443				
The second secon	nes and Busine	ss Addresses of President, Secretary, and Directors. Treasurer (optional).			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
	KAREN GROV ARLO L GRO		RIRIE RIRIE	ID ID	USA USA	83443 83443
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Karen Grover	Date: 06/18/2016			
C 56119		Name (type or print): Karen Grover	Title: Secretary			
Processed 06/18/2016 * Electronically provided signatures are accepted as original signatures.						