

No. C 126984	Due no later than Jan 31, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) JOE A WITHERSPOON 490 S 100 W JEROME ID 83338																					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. FORKLIFT DOCTOR, INC. JOE A WITHERSPOON 490 S 100 W 15660 RIVERSIDE ROAD JEROME ID 83338 CANDWEN, ID. 83607		3. <u>New</u> Registered Agent Signature.																					
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Pres</td> <td>Joe Witherspoon</td> <td>15660 Riverside Rd.</td> <td>CANDWEN, ID.</td> <td></td> <td></td> <td>83607</td> </tr> <tr> <td>Vice-pres</td> <td>Lynn Witherspoon</td> <td>15660 Riverside Rd.</td> <td>CANDWEN, ID.</td> <td></td> <td></td> <td>83607</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Pres	Joe Witherspoon	15660 Riverside Rd.	CANDWEN, ID.			83607	Vice-pres	Lynn Witherspoon	15660 Riverside Rd.	CANDWEN, ID.			83607
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5. Organized Under the Laws of: IDAHO C 126984	6. Signature: <u>Joe Witherspoon</u> Name (type or print): <u>Joe Witherspoon</u> Date: <u>1/30/14</u> Title: <u>Pres.</u>																							