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|--|-------------------|--|-----------|---|---------|-------------|--|
| No. C 180730 | | Due no later than Nov 30, 2013 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. C.H.A.M.P.S. IN CHUBBUCK, INC. KRISTEN DAVIBATYA PO BOX 5343 CHUBBUCK ID 83202-0001 USA | | KRISTEN MEDINA 4781 MISTI AVE CHUBBUCK ID 83202 | | | |
| 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 | KRISTEN DAVIBATYA | 4781 MISTI AVE | CHUBBUCK | ID | USA | 83202 | |
| TREASURER | BARBARA DOERR | 1285 CEDAR LAKE RD | POCATELLO | ID | USA | 83204 | |
| SECRETARY | JENNIFER JACKSON | 635 W. HALOLIDAY ST | POCATELLO | ID | USA | 83204 | |
| 5. Organized Under the Laws of: ID C 180730 | | 6. Annual Report must be signed.* Signature: Kristen DaviBaty Name (type or print): Kristen DaviBaty | | | | | |
| | | Date: 11/13/2013 Title: President | | | | | |
| Processed 11/13/2013 * Electronically provided signatures are accepted as original signatures. | | | | | | | |