No. C 175739		Due no later than Nov 30, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. C.M. FIALA, INC. COLBY M FIALA 195 RIVER VISTA PLACE STE 206 TWIN FALLS ID 83301		COLBY M FIALA 195 RIVER VISTA PLACE STE 206 TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		ess Addresses of President, Secretary, and Directors. Treasurer (r (optional)			
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY PRESIDENT			195 RIVER VISTA PLACE STE 206 195 RIVER VISTA PLACE STE 206	TWIN FALLS TWIN FALLS	ID ID	USA USA	83301 83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 175739		Signature: Colby Fiala Name (type or print): Colby Fiala		Date: 09/17/2014 Title: President			
Processed 09/17/2014 * Electronically provided signatures are accepted as original signatures.							