No. **C 50106**	**Due no later than Sep 30, 2012** **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.** R. C. O., INC. MARK REIMANN PO BOX 481 5637 ST. JOE RIVER RD. ST. MARIES ID 83861	MARK REIMANN 5637 ST. JOE RIVER ROAD ST MARIES ID 83861 3. New 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
SECRETARY	MARZETTA F. REIMANN	P.O. BOX 481 5637 ST. JOE RIVER RD.	ST. MARIES	ID	USA	83861

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID	Signature: Marzetta Reimann	Date: 09/14/2012
C 50106	Name (type or print): Marzetta Reimann	Title: Bookkeeper

Processed 09/14/2012

* Electronically provided signatures are accepted as original signatures.