

No. C 160730	Due no later than May 31, 2017 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. STOMP OUT MULTIPLE SCLEROSIS, INC. GARY L DAGASTINE 1642 E 16TH AVE POST FALLS ID 83854	GARY L DAGASTINE 1642 E 16TH AVE POST FALLS ID 83854				
		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
DIRECTOR	GARY L DAGASTINE	1642 E 16TH AVENUE	POST FALLS	ID	USA	83854
5. Organized Under the Laws of: ID C 160730	6. Annual Report must be signed.* Signature: JAMIE DUMAN Name (type or print): JAMIE DUMAN		Date: 03/31/2017 Title: CPA			
Processed 03/31/2017		* Electronically provided signatures are accepted as original signatures.				