No. C 194419		Due no later than Apr 30, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		SHAWN LECKINGTON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	LECKINGTON DENISE LECK PO BOX 61 SHELLEY ID		SHELLEY	1026 E 1200 E SHELLEY 83274 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and Bus	siness Addresses of	President, Secretary, and Directors. Trea	asurer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT SHAWN M	I. LECKINGTON	1026 E. 1200 N.	SHELLEY	ID	USA	83274	
5. Organized Under the Laws of:	6. Annual Report must be signed.*						
l ID	Signature: Sh		Date: 02/27/2015				
C 194419 Name (type or print): Shawn Leckington		r print): Shawn Leckington	Title: President				
Processed 02/27/2015	* Electronically p	* Electronically provided signatures are accepted as original signatures.					