| No. C 45345 | | Due no later than Apr 30, 2013 | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--------------------|---|---|---|---|---------|-------------|--|
| Return to: | | Annual Report Form | | NAME OF THE PARTY | ALONZO B. LEAVELL LEAVELL CATTLE YARD NW OF CITY 1807 E 1750 S GOODING ID 83330 | | | |
| 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. | | 20 000000000000000000000000000000000000 | | | | |
| | | DEVELOPMENT WEST CORPORATION ALONZO B. LEAVELL PO BOX 54 GOODING ID 83330 USA | | | | | | |
| | | | | 33322.13 | | | | |
| | | | | 3 New Registe | 3. New Registered Agent Signature:* | | | |
| | | | | J. <u>INCVV</u> Registe | | | | |
| | | | | | | | | |
| 4. Corporations: Enter Na | mes and Busin | ess Addresses of F | resident, Secretary, and Directors. Trea | surer (optional). | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| DIRECTOR | CHARMIANNE LEAVELL | | P.O. BOX 54 | GOODING | ID | USA | 83330 | |
| DIRECTOR | | | P.O. BOX 54 | GOODING | ID | USA | 83330 | |
| SECRETARY CHARMIANNE LEAVELL | | | P.O. BOX 54 | GOODING | ID | USA | 83330 | |
| PRESIDENT | ALONZO B. | LEAVELL | P.O. BOX 54 | GOODING | ID | USA | 83330 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Alo | | Date: 03/19/2013 | | | | |
| C 45345 | | Name (type or | | Title: President | | | | |
| Processed 03/19/2013 | | * Electronically pr | Electronically provided signatures are accepted as original signatures. | | | | | |