| No. C 164036 | | Due no later than Dec 31, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. MAXIE'S PIZZA & PASTA CO. MICHAEL R. HAYES 509 DIAMOND DR KIMBERLY ID 83341 | | 2. Registered A | Registered Agent and Address (NO PO BOX) MICHAEL RUSSELL HAYES 170 BLUE LAKES BLVD TWIN FALLS ID 83301 3. New Registered Agent Signature:* | | | |
|--|--------------------------|--|--|---------------------------|--|------------|----------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | | | 170 BLUE LA TWIN FALLS | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine | | oss Addresses o | f Descident Corretory and Directors Transfer | actives (entional) | (ontional) | | | |
| Office Held | Name | less Addresses o | Street or PO Address | City | State | Country | Postal Code | |
| SECRETARY PRESIDENT | BRENDA I H MICHAEL R. | | 509 DIAMOND DR. 509 DIAMOND DR. | KIMBERLY KIMBERLY, | ID ID | USA USA | 83341 83341 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID C 164036 | | Signature: michael hayes | | | Date: 10/28/2015 | | | |
| | | Name (type or print): michael hayes | | | Title: president | | | |
| Processed 10/28/2015 | · | * Electronically | provided signatures are accepted as origir | nal signatures. | | | · | |