No. **C 76422**	**Due no later than Jul 31, 2015** **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.** JOHN F. PORTER, P.A. JOHN F. PORTER P. O. BOX 459 TROY ID 83871-0459 USA	JOHN F. PORTER 511 SOUTH MAIN STREET TROY ID 83871 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
PRESIDENT	JOHN F PORTER	PO BOX 459	TROY	ID	USA	83871-0459
SECRETARY	EVELYN S PORTER	PO BOX 459	TROY	ID	USA	83871-0459
DIRECTOR	JOHN F PORTER	PO BOX 459	TROY	ID	USA	83871-0459

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 76422**	Signature: John F. Porter	Date: 05/18/2015
	Name (type or print): John F. Porter	Title: President

Processed 05/18/2015

* Electronically provided signatures are accepted as original signatures.