

|                                                                                                                                                        |                   |                                                                                                                                                    |       |                                                               |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------|---------|------------------|--|
| No. <b>C 129969</b>                                                                                                                                    |                   | <b>Due no later than Aug 31, 2016</b>                                                                                                              |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>            |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>MACLACHLAN, INC.<br>DIANE MACLACHLAN<br>3976 N ARMSTRONG AVENUE<br>BOISE ID 83704 |       | DIANE MACLACHLAN<br>3976 N ARMSTRONG AVENUE<br>BOISE ID 83704 |         |                  |  |
|                                                                                                                                                        |                   |                                                                                                                                                    |       | 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      |  |
| SECRETARY                                                                                                                                              | PAUL B MACLACHLAN | 3976 N ARMSTRONG AVE                                                                                                                               | BOISE | ID                                                            | USA     | 83704            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                   | 6. Annual Report must be signed.*                                                                                                                  |       |                                                               |         |                  |  |
| <b>ID<br/>C 129969</b>                                                                                                                                 |                   | Signature: Diane MacLachlan                                                                                                                        |       |                                                               |         | Date: 07/11/2016 |  |
|                                                                                                                                                        |                   | Name (type or print): Diane MacLachlan                                                                                                             |       |                                                               |         | Title: president |  |
| Processed 07/11/2016                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                          |       |                                                               |         |                  |  |