No. <b>C 20966</b>		Due n	2. Registered A	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		JOHN A CC	JOHN A COLEMAN 401 GOODING ST NORTH STE 201 TWINFALLS ID 83301			
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. TWIN FALLS FLIERS, INC. JOHN A COLEMAN BOX 692						
		TWIN FALLS IDAHO ID 83303		3. New Registe	3. New Registered Agent Signature:*			
4. Corporations: Enter N	ames and Busin	ess Addresses of Pres	ident, Secretary, and Directors. Trea	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY	JOHN A COLEMAN		PO BOX 1293	TWIN FALLS	ID	USA	83303-1293	
VICE PRESIDENT	JOHN GALLIAN		725 ORCHARD DR W.	TWIN FALLS	ID	USA	83301-1293	
PRESIDENT	SIDENT DAN OLMSTEA		PO BOX 692	TWIN FALLS	ID	USA	83303-0692	
5. Organized Under the Laws of: 6. A		6. Annual Report mu	st be signed.*					
ID C 20966		Signature: John Coleman			Date: 10/20/2015			
		Name (type or pri		Title: Agent				
Processed 10/20/2015		* Electronically provide	ded signatures are accepted as origin	al signatures.				