

No. C 40335	Due no later than Dec 31, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) DONALD E. SHAFER 701 14TH STREET SALMON ID 83467																																										
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. DON SHAFER, INC. D E SHAFER P. O. BOX 1357 SALMON ID 83467		3. <u>New</u> Registered Agent Signature.																																										
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Office Held</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Pres.</td> <td>D.E. SHAFER</td> <td>P.O. Box 1357</td> <td>SALMON</td> <td>ID</td> <td></td> <td>83467</td> </tr> <tr> <td>Secy. - Treasurer</td> <td>Bob BAKER</td> <td>1301 MAIN ST.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>V.P.</td> <td>JAMES BENNETTS</td> <td>Box 36</td> <td>CHALLIS</td> <td>ID</td> <td></td> <td>83226</td> </tr> <tr> <td>Director</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>D.E. SHAFER</td> <td>Box 1357</td> <td>SALMON</td> <td>ID</td> <td></td> <td>83467</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Pres.	D.E. SHAFER	P.O. Box 1357	SALMON	ID		83467	Secy. - Treasurer	Bob BAKER	1301 MAIN ST.					V.P.	JAMES BENNETTS	Box 36	CHALLIS	ID		83226	Director								D.E. SHAFER	Box 1357	SALMON	ID		83467
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