No. <b>C 24301</b>		Due no later than Apr 30, 2016		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  ASHTON MEMORIAL, INC. SHON SHULDBERG BOX 838		700 NORTH 2N	SHON SHULDBERG 700 NORTH 2ND ASHTON ID 83420			
NO FILING FEE IF RECEIVED BY DUE DATE		ASHTON ID 83420		3. <u>New</u> Registere	3. New Registered Agent Signature:*			
4. Corporations: Enter	Names and Busin	ess Addresses of F	resident, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	MIKE DAVID	SON	PO BOX 838	ASHTON	ID	USA	83420	
DIRECTOR	RENAE OSWALD		PO BOX 838	ASHTON	ID	USA	83420	
VICE PRESIDENT	MICKIE FUNK		PO BOX 838	ASHTON	ID	USA	83420	
DIRECTOR	DAVID MOORE		PO BOX 838	ASHTON	ID	USA	83420	
PRESIDENT	LARRY HAMMER		4507 SAWTELL PEAK RD.	ISLAND PARK	ID	USA	83429	
DIRECTOR	KRISTIN LEN	<b>I</b> Z	PO BOX 838	ASHTON	ID	USA	83420	
DIRECTOR	JAN STRON	<b>S</b>	PO BOX 838	ASHTON	ID	USA	83420	
DIRECTOR	JAY BAILEY		PO BOX 838	ASHTON	ID	USA	83420	
SECRETARY	SHON SHULI	DBERG	PO BOX 838	ASHTON	ID	USA	83420	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: SHON SHULDBERG		Date	Date: 02/24/2016			
C 24301		Name (type or print): SHON SHULDBERG Title: ADMINISTRATOR						
Processed 02/24/2016		* Electronically pr	ovided signatures are accepted as origina	al signatures.				