No. **C 206817**	**Due no later than Aug 31, 2016** **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.** GOLD MEDAL SWIMMING CLINICS INC TOM JAGER 1416 CHINOOK ST MOSCOW ID 83843	TOM JAGER 1416 CHINOOK ST MOSCOW ID 83843 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
TREASURER	JOHN MURPHY	1416 CHINOOK ST	MOSCOW	ID	USA	83843
VICE PRESIDENT	REBECCA K JAGER	1416 CHINOOK ST	MOSCOW	ID	USA	83843
PRESIDENT	TOM JAGER	1416 CHINOOK ST	MOSCOW	ID	USA	83843

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 206817**	Signature: CINDY MCALEER	Date: 07/07/2016
	Name (type or print): CINDY MCALEER	Title: ACCOUNTING FIRM REP

Processed 07/07/2016

* Electronically provided signatures are accepted as original signatures.