No. C 32717		Due no later than May 31, 2016		2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			LARY S LARSON 428 PARK AVE IDAHO FALLS ID 83402 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.		1.				
		HOFF BROS., INC. LARY S LARSON 428 PARK AVENUE IDAHO FALLS ID 83402		3				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter	Names and Busin	ess Addresses of Preside	ent, Secretary, and Directors. Trea	asurer (o	ptional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
DIRECTOR	JANE HOFF		10741 S. 25TH E.		IDAHO FALLS	ID	USA	83404
DIRECTOR	ROBERT A I	HOFF	10741 S. 25TH E.		IDAHO FALLS	ID	USA	83404
SECRETARY	JANE HOFF		10741 S. 25TH E.		IDAHO FALLS	ID	USA	83404
PRESIDENT	ROBERT A.	HOFF	10741 S. 25TH E.		IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Lary S. Larson			Date: 03/28/2016			
C 32717		Name (type or print): Lary S. Larson			Title: Agent			
Processed 03/28/2016	j	* Electronically provided	d signatures are accepted as origin	nal signa	tures.			