No. C 144549		Due no later than Jul 31, 2016		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		FOSTER CLI	FOSTER CLINE MD			
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.	0.00 2000000000000000000000000000000000	500 LAKEVIEW LANE			
		EVERGREEN CONSULTANTS WEST, P.C. FOSTER W CLINE MD 500 LAKEVIEW LANE SANDPOINT ID 83864			SANDPOINT ID 83864-9481 3. New Registered Agent Signature:*			
				3. <u>New</u> Register				
4. Corporations: Enter	Names and Busin	ess Addresses	of President, Secretary, and Directors. Treasur	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	FOSTER W	CLINE	500 LAKEVEIW LANE PRESIDENT	SANDPOINT	ID	USA	83864-9481	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 144549		Signature: Foster Cline			Date: 05/24/2016			
		Name (type	or print): Foster Cline		Title: President			
Processed 05/24/2016		* Electronically	provided signatures are accepted as original s	signatures.				