

|                                                                                                                                                        |                      |                                                                                                                                                                       |             |                                                             |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------|---------|-------------|--|
| No. <b>C 96867</b>                                                                                                                                     |                      | <b>Due no later than Dec 31, 2013</b>                                                                                                                                 |             | 2. Registered Agent and Address <b>(NO PO BOX)</b>          |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                      | <b>1. Mailing Address: Correct in this box if needed.</b><br>CAROL'S BROADWAY ARCTIC CIRCLE, INC.<br>CAROL BROWN LAFLEUR<br>583 W HONEY CREEK<br>IDAHO FALLS ID 83404 |             | CAROL LAFLEUR<br>583 W. HONEY CREEK<br>IDAHO FALLS ID 83404 |         |             |  |
|                                                                                                                                                        |                      |                                                                                                                                                                       |             | 3. <u>New</u> 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 |  |
| SECRETARY                                                                                                                                              | KEVIN R LA FLEUR     | 583 WEST HONEY CREEK                                                                                                                                                  | IDAHO FALLS | ID                                                          | USA     | 83404       |  |
| PRESIDENT                                                                                                                                              | CAROL BROWN LA FLEUR | 583 WEST HONEY CREEK                                                                                                                                                  | IDAHO FALLS | ID                                                          | USA     | 83404       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 96867</b>                                                                                           |                      | 6. Annual Report must be signed.*<br>Signature: Carol La Fleur<br>Name (type or print): Carol La Fleur                                                                |             |                                                             |         |             |  |
| Date: 10/19/2013<br>Title: President                                                                                                                   |                      |                                                                                                                                                                       |             |                                                             |         |             |  |
| Processed 10/19/2013                                                                                                                                   |                      | * Electronically provided signatures are accepted as original signatures.                                                                                             |             |                                                             |         |             |  |