No. C 144242 Return to:	Due no later than Jun 30, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) CAROL FLYNN 506 S 7TH AVE
SECRETARY OF STATE	Mailing Address: Correct in this box if needed. YTT CORPORATION		
450 N 4th STREET			POCATELLO ID 83201
PO BOX 83720		THAVE 2711 HAWKWEED DR.	
BOISE, ID 83720-0080		TELLO ID 8320 1 83204	
NO FILING FEE IF	1		3. New Registered Agent Signature.
RECEIVED BY DUE DATE			
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.			
Office Held Name Street or PO Address City State Country Postal Code			
Office Held Name Street or PO Address City State Country Postal Code PRES. CHROL FLYND 2711 HAWKWEED POCATELLO, ID USA 83204 DID CRAIG PERRY 2711 HAWKWEED POCATELLO, ID USA 83204			
DIR. CRAIG PERKY 2/11 HAWKWEED NICATELLO, LY USA 83204			
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į ,			
5. Organized Under the Laws of:		6.	
IDAHO C 144242		Signature: 1	Date: . /
		(Club / lynn	4/16/14
		Name (type or print):	Title:
		CARDL FLYDIN	PREC
		-CIRCLE I FILL	1/123
Issued 04/14/2014 by SLD 100314			
INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM			
Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.			
Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered agent must be at a street address in Idaho, not a Post Office Box or Personal Mail Box.			
Block 3: Only a <u>new</u> regist	ered age	nt must sign in Block 3.	
Block 4: Enter names and the "same as above". These to please add an attachment.	business will not	addresses of president, secretary, and directors. Note be accepted. Changes here will not affect the a	e: <u>PO NOT</u> put "same as last year" or ddress in Block 1. If more space is needed
Block 5: May not be altered through the use of this form.			
Block 6: The annual report must be signed by a person authorized to represent the corporation. Print or type the name of the signer below the signature.			
** The image of this form will be available on the internet once it has been filed. DO NOT enter Social Security numbers.			
www.sos.idaho.gov. Howeve	er, if no	business in Idaho, you may file the appropriate form, timely annual report is filed, administrative action will have any questions contact the Commercial Division a	be taken, at no cost to the corporation to
If the document is incorrect, is there a telephone number to reach you for corrections?			
POSTMARK DATES WILL NOT BE ACCEPTED			
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