

|                                                                                                                                                        |                    |                                                                                                                                                               |               |                                                                  |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------|---------|-------------|--|
| No. <b>C 135169</b>                                                                                                                                    |                    | <b>Due no later than Aug 31, 2014</b>                                                                                                                         |               | <b>2. Registered Agent and Address (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>KELLY S. ARMSTRONG RPT, INC.<br>KELLY S ARMSTRONG<br>3576 S TIMOTHY LN<br>COEUR D'ALENE ID 83814 |               | KELLY S ARMSTRONG<br>3576 S TIMOTHY LN<br>COEUR D'ALENE ID 83814 |         |             |  |
|                                                                                                                                                        |                    |                                                                                                                                                               |               | 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 |  |
| PRESIDENT                                                                                                                                              | KELLY S ARMSTRONG  | 3576 S TIMOTHY LANE                                                                                                                                           | COEUR D'ALENE | ID                                                               | USA     | 83814       |  |
| VICE PRESIDENT                                                                                                                                         | ANDREW B ARMSTRONG | 3576 S TIMOTHY LN                                                                                                                                             | COEUR D'ALENE | ID                                                               | USA     | 83814       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 135169</b>                                                                                          |                    | 6. Annual Report must be signed.*<br>Signature: Kelly S. Armstrong<br>Name (type or print): Kelly S. Armstrong<br>Date: 07/14/2014<br>Title: President        |               |                                                                  |         |             |  |
| Processed 07/14/2014                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                     |               |                                                                  |         |             |  |