| No. C 200293 | | Due no later than Nov 30, 2014 | | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|---|---|---|--|---------------------------------|---|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. HAGGLECHAMP, INC. DANIEL C REYES 2377 E BREMINGTON ST POST FALLS ID 83854 | | 2377 E BREM POST FALLS | DANIEL C REYES 2377 E BREMINGTON ST POST FALLS ID 83854 3. New Registered Agent Signature:* | | | |
| | | ess Addresses of Presi | dent, Secretary, and Directors. Treasu | rer (optional). City | State | Country | Postal Code | |
| DIRECTOR DIRECTOR DIRECTOR SECRETARY PRESIDENT | ANGEL KRAM BRIAN GOLLY TIMOTHY A THROCKMORTON SCOTT KALMAN DANIEL C REYES | | 2377 E. BREMINGTON ST 2377 E BREMINGTON ST 9927 N. LOOKOUT VIEW LN 2377 E. BREMINGTON ST 2377 E. BREMINTON ST | POST FALLS POST FALLS NEWMAN LAKE POST FALLS POST FALLS | ID ID | USA USA USA USA USA | 83835 83854 99025 83854 83854 | |
| ID S | | 6. Annual Report must be signed.* Signature: Timothy A. Throckmorton Name (type or print): Timothy A. Throckmorton | | | Date: 09/25/2014 Title: Director | | | |
| Processed 09/25/2014 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |