

No. <b>C 164346</b>	<b>Due no later than Jan 31, 2018 Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )				
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: <b>Correct in this box if needed.</b>  ON SITE EQUIPMENT REPAIR, INC. JOHN CUMMINGS PO BOX 880 BONNERS FERRY ID 83805		STOCKTON BUSINESS SERVICES LLC 41 SUNRISE ROAD SUITE A BONNERS FERRY ID 83805				
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>			3. <u>New</u> Registered Agent Signature:*				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held  <b>PRESIDENT</b>	Name  <b>JOHN CUMMINGS</b>	Street or PO Address  <b>PO BOX 880</b>	City  <b>BONNERS FERRY</b>	State  <b>ID</b>	Country  <b>USA</b>	Postal Code  <b>83805</b>	
5. Organized Under the Laws of:  <b>ID</b> <b>C 164346</b>	6. Annual Report must be signed.*  Signature: <b>JOHN CUMMINGS</b> Name (type or print): <b>JOHN CUMMINGS</b>						Date: <b>11/27/2017</b> Title: <b>PRESIDENT</b>
Processed 11/27/2017	* Electronically provided signatures are accepted as original signatures.						