| No. C 63595 | Du | Due no later than Apr 30, 2014 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|---|---|----------------------|---|------------|----------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | GOSLINE'S, IN JANICE M GO P O BOX 160 CATALDO ID | Annual Report Form 1. Mailing Address: Correct in this box if needed. GOSLINE'S, INCORPORATED JANICE M GOSLINE HIGBEE P O BOX 160 | | JANICE M GOSLINE HIGBEE 21484 S. LATOUR CREEK RD CATALDO ID 83810-9129 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Corporations: Enter Names ar | nd Business Addresses of | President, Secretary, and Directors. Trea | isurer (optional). | | | | |
| Office Held Name | e | Street or PO Address | City | State | Country | Postal Code | |
| | CE MARIE HIGBEE MAS JOHN GOSLINE | P O BOX 160 BOX 1184 | CATALDO PINEHURST | ID ID | USA USA | 83810 83850 | |
| 5. Organized Under the Laws of: 6. Annua | | t must be signed.* | | | | | |
| ID | Signature: Ja | Signature: Janice M. Higbee | | Date: 04/09/2014 | | | |
| C 63595 | Name (type o | Name (type or print): Janice M. Higbee | | Title: Sec/treasurer | | | |
| Processed 04/09/2014 | * Electronically p | * Electronically provided signatures are accepted as original signatures. | | | | | |