

|                                                                                                                                                        |             |                                                                                                                                    |        |                                                    |         |                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------|---------|-------------------|--|
| No. <b>C 124018</b>                                                                                                                                    |             | <b>Due no later than May 31, 2017</b>                                                                                              |        | 2. Registered Agent and Address <b>(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><br>M.C. LEEDOM, INC.<br>MIKE LEEDOM<br>PO BOX 616<br>MCCALL ID 83638 |        | MIKE C LEEDOM<br>13642 HWY 55<br>MCCALL ID 83638   |         |                   |  |
|                                                                                                                                                        |             |                                                                                                                                    |        | 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                                                                                                                                              | MIKE LEEDOM | PO BOX 616                                                                                                                         | MCCALL | ID                                                 | USA     | 83638             |  |
| 5. Organized Under the Laws of:                                                                                                                        |             | 6. Annual Report must be signed.*                                                                                                  |        |                                                    |         |                   |  |
| <b>ID<br/>C 124018</b>                                                                                                                                 |             | Signature: Mary Beth Allen                                                                                                         |        |                                                    |         | Date: 04/12/2017  |  |
|                                                                                                                                                        |             | Name (type or print): Mary Beth Allen                                                                                              |        |                                                    |         | Title: Bookkeeper |  |
| Processed 04/12/2017                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                          |        |                                                    |         |                   |  |