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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------|---------|-------------|--|
| No. <b>C 191006</b>                                                                                                                                    |                    | <b>Due no later than May 31, 2015</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>THREE ISLAND DAYS, INC.<br>JEANNIE M EIGUREN<br>P. O. BOX 913<br>GLENNS FERRY ID 83623<br>USA |              | DAVE EIGUEREN<br>6019 OUTLOOK AVE<br>BOISE ID 83703 |         |             |  |
|                                                                                                                                                        |                    |                                                                                                                                                                |              | 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 |  |
| SECRETARY                                                                                                                                              | JEANNIE M. EIGUREN | P. O. BOX 512                                                                                                                                                  | GLENNS FERRY | ID                                                  | USA     | 83623       |  |
| PRESIDENT                                                                                                                                              | DAVE L. EIGUREN    | P. O. BOX 512                                                                                                                                                  | GLENNS FERRY | ID                                                  | USA     | 83623       |  |
| DIRECTOR                                                                                                                                               | GARY KLETT         | PO BOX 128                                                                                                                                                     | GLENNS FERRY | ID                                                  | USA     | 83623       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 191006</b>                                                                                          |                    | 6. Annual Report must be signed.*<br>Signature: Jeannie Eiguren<br>Name (type or print): Jeannie Eiguren                                                       |              |                                                     |         |             |  |
| Date: 04/30/2015<br>Title: Secretary                                                                                                                   |                    |                                                                                                                                                                |              |                                                     |         |             |  |
| Processed 04/30/2015                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                      |              |                                                     |         |             |  |