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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------|---------|-------------|--|
| No. <b>C 92583</b>                                                                                                                                     |                | <b>Due no later than Jun 30, 2013</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>HASAN'S TRACTOR SERVICE, INC.<br>HASAN KHOSRAVI<br>521 N MAIN<br>MOSCOW ID 83843<br>USA |        | HASAN KHOSRAVI<br>2201 EAST 6TH ST<br>MOSCOW ID 83843 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                      |        | 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                                                                                                                                              | LIZ KHOSRAVI   | 521 N. MAIN ST.                                                                                                                                      | MOSCOW | ID                                                    | USA     | 83843       |  |
| PRESIDENT                                                                                                                                              | HASAN KHOSRAVI | 521 N. MAIN ST.                                                                                                                                      | MOSCOW | ID                                                    | USA     | 83843       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 92583</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Hasan Khosravi<br>Name (type or print): Hasan Khosravi<br>Date: 04/25/2013<br>Title: President       |        |                                                       |         |             |  |
| Processed 04/25/2013                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                            |        |                                                       |         |             |  |