

|  |                      |  |        |  |         |  |  |
|--|----------------------|--|--------|--|---------|--|--|
| No. <b>C 172736</b>  |                      | <b>Due no later than Apr 30, 2015</b><br><b>Annual Report Form</b>   |        | 2. Registered Agent and Address ( <b>NO PO BOX</b> ) |         |  |  |
| Return to:<br><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>ALL AMERICAN CURBING, CORP.<br>OREN J HOLLIFIELD<br>392 E 300 S<br>JEROME ID 83338<br>USA |        | O.J. HOLLIFIELD<br>392 E 300 S<br>JEROME ID 83338    |         |  |  |
|  |                      |  |        |  |         | 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  | OREN JOHN HOLLIFIELD | 392 E 300 S  | JEROME | ID   | USA     | 83338                                      |  |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>C 172736</b>  |                      | 6. Annual Report must be signed.*<br><br>Signature: Oren J. Hollifield<br>Name (type or print): Oren J. Hollifield   |        |  |         |  |  |
|  |                      | Date: 04/27/2015<br>Title: Owner   |        |  |         |  |  |
| Processed 04/27/2015      * Electronically provided signatures are accepted as original signatures.  |                      |  |        |  |         |  |  |