

No. C 33701	Due no later than Jun 30, 2013 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) JACK SOMMER 3887 NORTH 3000 WEST REXBURG ID 83440																												
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. JACK SOMMER MASONRY, INC. JACK SOMMER 3887 NORTH 3000 WEST REXBURG ID 83440		3. <u>New</u> Registered Agent Signature.																												
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.																															
<table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Jack Sommer</td> <td>3887 N. 3000 W.</td> <td>Replung</td> <td>Id.</td> <td>U.S.A.</td> <td>83440</td> </tr> <tr> <td>Secretary</td> <td>Raymond F Sommer</td> <td>" " " "</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Director</td> <td>Thane L. Sommer</td> <td>" " " "</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>	Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Jack Sommer	3887 N. 3000 W.	Replung	Id.	U.S.A.	83440	Secretary	Raymond F Sommer	" " " "	"	"	"	"	Director	Thane L. Sommer	" " " "	"	"	"	"			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code																									
President	Jack Sommer	3887 N. 3000 W.	Replung	Id.	U.S.A.	83440																									
Secretary	Raymond F Sommer	" " " "	"	"	"	"																									
Director	Thane L. Sommer	" " " "	"	"	"	"																									
5. Organized Under the Laws of: IDAHO C 33701	6. Signature: <i>Jack Sommer</i> Date: 5-29-13 Name (type or print): <i>Jack Sommer</i> Title: <i>President</i>																														
Issued 05/15/2013 by KAH																															

102694

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

1. If you are filing this form by mail, please use the mailing address of the