| No. C 210498 | | Due no later than Jul 31, 2017 | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------|---|---------------------------------------------|------------------|---------|-------------|--|
| Return to: | | Annual Report Form | | GRANT TRAPHAGAN | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | ST #200 | _ | 217 CEDAR ST SANDPOINT ID | ianature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 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 | |
| DIRECTOR REBECCA | BOLSTAD | PO BOX 206 | | LACONNER | WA | | 98257 | |
| 5. Organized Under the Laws of: | Organized Under the Laws of: 6. Annual Report must be signed.* | | | | | | | |
| ID | Signature: (| Signature: Grant Traphagan | | | Date: 08/21/2017 | | | |
| C 210498 Name (type or print): Grant Traphagan | | or print): Grant Traphagan | | Title: President | | | | |
| Processed 08/21/2017 | * Electronically | * Electronically provided signatures are accepted as original signatures. | | | | | | |