No. **C 108467**	**Due no later than Dec 31, 2015** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** BARK BLOWERS, INC. EARL GRIEF 396 E. LINDEN ST. BOISE ID 83706	EARL GRIEF 396 E. LINDEN BOISE ID 83706 3. New 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	EARL GRIEF	396 EAST LINDEN	BOISE	ID	USA	83706
TREASURER	SHAWN MEAD	396 E LINDEN ST	BOISE	ID	USA	83706

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 108467**	Signature: Earl Grief	Date: 10/29/2015
	Name (type or print): Earl Grief	Title: President

Processed 10/29/2015

* Electronically provided signatures are accepted as original signatures.