No. C 88074	Di	Due no later than Dec 31, 2017		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	BRICO, INC. BRIAN THOM PO BOX 5399	Annual Report Form 1. Mailing Address: Correct in this box if needed. BRICO, INC. BRIAN THOMAS PO BOX 5399 TWIN FALLS ID 83303		DANIEL WEST 722 NORTH COLLEGE ROAD TWIN FALLS ID 83301 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Names and	Business Addresses of	President, Secretary, and Directors. Trea	asurer (optional).					
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
	THOMAS THOMAS	PO BOX 381 PO BOX 381	BELLEVUE BELLEVUE	ID ID	USA USA	83313 83313		
5. Organized Under the Laws of:	6. Annual Repor	6. Annual Report must be signed.*						
ID	Signature: BF	Signature: BRIAN THOMAS Date: 12/13/2017						
C 88074	Name (type o	Name (type or print): BRIAN THOMAS			Title: PRESIDENT			
Processed 12/13/2017	* Electronically p	* Electronically provided signatures are accepted as original signatures.						