

No. C 197294		Due no later than Jan 31, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. MANAGEMENT REGISTRY, INC. LISA REED 1868 CAMPUS PL LOUISVILLE KY 40299		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
				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	TIM MALONE	1868 CAMPUS PL	LOUISVILLE	KY	USA	40299	
PRESIDENT	TERRY MALONE	1868 CAMPUS PL	LOUISVILLE	KY	USA	40299	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
KY C 197294		Signature: Lisa Reed				Date: 11/23/2015	
		Name (type or print): Lisa Reed				Title: PR. ADMIN.	
Processed 11/23/2015		* Electronically provided signatures are accepted as original signatures.					