

No. C 194799	Due no later than May 31, 2018 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. CERTIFIED SOLUTIONS INC. DANNY LIFFICK 5548 S. IMPATIENS PL BOISE ID 83716	DANNY LIFFICK 5548 S. IMPATIENS PL BOISE ID 83716				
		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	DANNY LIFFICK	5548 S. IMPATIENS PL	BOISE	ID	USA	83716
DIRECTOR	DANNY LIFFICK	5548 S. IMPATIENS PL	BOISE	ID	USA	83716
SECRETARY	DANNY LIFFICK	5548 S. IMPATIENS PL	BOISE	ID	USA	83716
5. Organized Under the Laws of: ID C 194799	6. Annual Report must be signed.* Signature: Danny Liffick Name (type or print): Danny Liffick		Date: 03/20/2018 Title: President			
Processed 03/20/2018	* Electronically provided signatures are accepted as original signatures.					