No. <b>C 194799</b>		Due no later than May 31, 2018	2. Registered	2. Registered Agent and Address (NO PO BOX)  DANNY LIFFICK 5548 S. IMPATIENS PL BOISE ID 83716  3. New Registered Agent Signature:*			
Return to:		Annual Report Form	DANNY LIF				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.					
		CERTIFIED SOLUTIONS INC. DANNY LIFFICK 5548 S. IMPATIENS PL BOISE ID 83716					
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Na	mes and Busine	ess Addresses of President, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	DANNY LIFFI	CK 5548 S. IMPATIENS PL	BOISE	ID	USA	83716	
DIRECTOR	DANNY LIFFI	CK 5548 S. IMPATIENS PL	BOISE	ID	USA	83716	
SECRETARY	DANNY LIFFI	CK 5548 S. IMPATIENS PL	BOISE	ID	USA	83716	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 194799		Signature: Danny Liffick		Date: 03/20/2018			
		Name (type or print): Danny Liffick		Title: President			
Processed 03/20/2018	3/20/2018 * Electronically provided signatures are accepted as original signatures.						