

|                                                                                                                                                        |                 |                                                                                                                                       |       |                                                    |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------|------------------|--|
| No. <b>C 204344</b>                                                                                                                                    |                 | <b>Due no later than Dec 31, 2016</b>                                                                                                 |       | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>M. FISHER, P.C.<br>MICHELLE FISHER<br>9 COTTAGE LN<br>BOISE ID 83716 |       | MICHELLE FISHER<br>9 COTTAGE LN.<br>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                                                                                                                                              | MICHELLE FISHER | 9 COTTAGE LN                                                                                                                          | BOISE | ID                                                 | USA     | 83716            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                     |       |                                                    |         |                  |  |
| <b>ID<br/>C 204344</b>                                                                                                                                 |                 | Signature: Michelle Fisher                                                                                                            |       |                                                    |         | Date: 12/19/2016 |  |
|                                                                                                                                                        |                 | Name (type or print): Michelle Fisher                                                                                                 |       |                                                    |         | Title: Owner     |  |
| Processed 12/19/2016                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                             |       |                                                    |         |                  |  |