

|                                                                                                                                                        |                |                                                                                                                                           |             |                                                        |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------|---------|------------------|--|
| No. <b>C 163692</b>                                                                                                                                    |                | <b>Due no later than Dec 31, 2017</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>TRISTAN JOHN P.A.<br>TRISTAN JOHN<br>PO BOX 2124<br>IDAHO FALLS ID 83403 |             | TRISTAN JOHN<br>325 S WOODRUFF<br>IDAHO FALLS ID 83401 |         |                  |  |
|                                                                                                                                                        |                |                                                                                                                                           |             | 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                                                                                                                                              | TRISTAN L JOHN | 325 S WOODRUFF                                                                                                                            | IDAHO FALLS | ID                                                     | USA     | 83401            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                         |             |                                                        |         |                  |  |
| <b>ID<br/>C 163692</b>                                                                                                                                 |                | Signature: tristan john                                                                                                                   |             |                                                        |         | Date: 10/31/2017 |  |
|                                                                                                                                                        |                | Name (type or print): tristan john                                                                                                        |             |                                                        |         | Title: owner     |  |
| Processed 10/31/2017                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                 |             |                                                        |         |                  |  |