

|                                                                                                                                                        |                |                                                                                                                                                |       |                                                          |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------|---------|-------------|--|
| No. <b>C 94208</b>                                                                                                                                     |                | <b>Due no later than Jan 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>RON V BOWEN CPA CHARTERED<br>RONALD V. BOWEN<br>P O BOX 41<br>NAMPA ID 83653-0041 |       | RON V BOWEN<br>16050 IDAHO CENTER BLVD<br>NAMPA ID 83687 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                |       | 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                                                                                                                                              | RONALD V BOWEN | PO BOX 41                                                                                                                                      | NAMPA | ID                                                       | USA     | 83653-0041  |  |
| SECRETARY                                                                                                                                              | BRANDI A MUNZ  | PO BOX 41                                                                                                                                      | NAMPA | ID                                                       | USA     | 83653-0041  |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 94208</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: BRANDI MUNZ<br>Name (type or print): BRANDI MUNZ                                               |       |                                                          |         |             |  |
|                                                                                                                                                        |                | Date: 11/21/2016<br>Title: SECRETARY                                                                                                           |       |                                                          |         |             |  |
| Processed 11/21/2016                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                      |       |                                                          |         |             |  |