

|  |                  |  |       |  |         |                    |  |
|--|------------------|--|-------|--|---------|--------------------|--|
| No. <b>C 38847</b>   |                  | <b>Due no later than Sep 30, 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>PARMA FURNITURE COMPANY<br>WADE A HILLIARD<br>P. O. BOX 249<br>PARMA ID 83660 |       | WADE HILLIARD<br>108 3RD STREET<br>PARMA ID 83660  |         |                    |  |
|  |                  |  |       | 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        |  |
| TREASURER  | WADE JR HILLIARD | PO BOX 249   | PARMA | ID   | USA     | 83660              |  |
| SECRETARY  | JOAN C HILLIARD  | PO BOX 249   | PARMA | ID   | USA     | 83660              |  |
| PRESIDENT  | WADE A HILLIARD  | PO BOX 249   | PARMA | ID   | USA     | 83660              |  |
| 5. Organized Under the Laws of:  |                  | 6. Annual Report must be signed.*  |       |  |         |                    |  |
| <b>ID<br/>C 38847</b>  |                  | Signature: Cheryl Padilla  |       |  |         | Date: 08/07/2017   |  |
|  |                  | Name (type or print): Cheryl Padilla   |       |  |         | Title: Book Keeper |  |
| Processed 08/07/2017   |                  | * Electronically provided signatures are accepted as original signatures.  |       |  |         |                    |  |