No. C 168539		Due no later than Aug 31, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		ress: Correct in this box if needed. NC. (THE)	1649 W. SH SUITE 102 BOISE ID	THOMAS D TURNER 1649 W. SHORELINE DRIVE SUITE 102 BOISE ID 83702 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE	BOISE ID 8370	BOISE ID 83702						
4. Corporations: Enter Names and	Business Addresses of Pre	esident, Secretary, and Directors. Treasi	urer (optional).					
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
PRESIDENT THOMA	S D TURNER	1649 W. SHORELINE DRIVE SUIT	E 102 BOISE	ID	USA	83702		
5. Organized Under the Laws of: 6. Annual Report must be signed.*								
ID Signature: Thomas Turner		nas Turner		Date: 06/25/2018				
C 168539	Name (type or p	Name (type or print): Thomas Turner			Title: President			
Processed 06/25/2018	* Electronically provided signatures are accepted as original signatures.							