No. C 181818	Due no later than Feb 28, 2013		2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		SUSAN K GA			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.		1287 FALLS AVE WEST TWIN FALLS ID 83301			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	CHAIRMAN - OFFICE FURNITURE SPECIALIST, INC. (THE) DOUGLAS A GAGLIARDI 1287 FALLS AVE WEST					
	TWIN FALLS ID 83301		3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA					
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 DOUGLAS A	GAGLIARDI	1287 FALLS AVE WEST	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID	Signature: Sue	Date: 01/20/2013				
C 181818	Name (type or print): Sue Gagliardi		Title: Agent			
Processed 01/20/2013	* Electronically provided signatures are accepted as original signatures.					