| No. C 182719 | | Due no later than Apr 30, 2016 | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|-----------|---|---------------------------------------|---|------------------|-------|---------|-------------|
| Return to: | | Annual Report Form | | ALETHEA D TORBERT | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. TORBERT & ASSOCIATES, P.C. ALETHEA D TORBERT PO BOX 3467 JACKSON WY 83001 | | 2635 W 10000 S VICTOR ID 83455 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Corporations: Enter Names | and Busin | ess Addresses of F | resident, Secretary, and Directors. T | reasurer (| optional). | | | |
| Office Held Na | ame | | Street or PO Address | | City | State | Country | Postal Code |
| PRESIDENT AL | ETHEA D | TORBERT | PO BOX 3467 | | JACKSON | WY | USA | 83001 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| со | | Signature: Alethea D Torbert | | | Date: 04/29/2016 | | | |
| C 182719 | | Name (type or print): Alethea D Torbert | | | Title: President | | | |
| Processed 04/29/2016 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |