No. **C 193563**	**Due no later than Jan 31, 2017**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** NARRATIVE PROJECT, INC. (THE) KYLE JONES 11342 W HICKORY LOOP DR BOISE ID 83713	KYLE JONES 11342 W HICKORY LOOP DR BOISE ID 83713 3. New 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
DIRECTOR	MARTY SOLOMON	PO BOX 8492	MOSCOW	ID	USA	83843
DIRECTOR	BILL WESTFALL	2440 S RIVER DOWNS PL	MERIDIAN	ID	USA	83642
DIRECTOR	THOMAS BILLINGS	10207 DOVER FALLS CT	HUMBLE	TX	USA	77338

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 193563**	Signature: Kyle Jones	Date: 01/31/2017
	Name (type or print): Kyle Jones	Title: Executive Director

Processed 01/31/2017

* Electronically provided signatures are accepted as original signatures.