No. C 192534	D	Due no later than Oct 31, 2013 Annual Report Form		2. Registered Agent and Address (NO PO BOX) BRETT MOWRY 5858 CHRISTOPHER DR COEUR D ALENE ID 83815 3. New Registered Agent Signature:*			
Return to:							
SECRETARY OF STATE	1. Mailing A	1. Mailing Address: Correct in this box if needed. CHARIS SB INC. BRETT MOWRY 5858 CHRISTOPHER DR COEUR D ALENE ID 83815					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	BRETT MOW 5858 CHRIST						
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and Bu	siness Addresses of	President, Secretary, and Directors. Treas	urer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR BRETT PALM MOWRY		5858 CHRISTOPHER DR	COEUR D ALENE	ID	USA	83815	
	NE MOWRY	5858 CHRISTOPHER DR	COEUR D ALENE	ID	USA	83815	
PRESIDENT BRETT PA	ALM MOWRY	5858 CHRISTOPHER DR	COEUR D ALENE	ID	USA	83815	
5. Organized Under the Laws of: 6. Annual Report I		rt must be signed.*					
ID Signature: Brett		ett Mowry	Date: 08/24/2013				
C 192534 Name (type of		or print): Brett Mowry	Title: Director				
Processed 08/24/2013	* Electronically provided signatures are accepted as original signatures.						