

No. <b>C 144854</b>	Due no later than Jul 31, 2014 Annual Report Form		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> KATIE BRECKENRIDGE PO BOX 685 PICABO ID 83348																					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address: Correct in this box if needed. PICABO LEAN, INC. KATIE BRECKENRIDGE PO BOX 685 PICABO ID 83348		3. <u>New</u> Registered Agent Signature.																					
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>KATIE BRECKENRIDGE</td> <td>Box 685</td> <td>PICABO ID</td> <td>USA</td> <td></td> <td>83348</td> </tr> <tr> <td>Secy/Officer</td> <td>ROBERT SAMUELSON</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	PRESIDENT	KATIE BRECKENRIDGE	Box 685	PICABO ID	USA		83348	Secy/Officer	ROBERT SAMUELSON					
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Secy/Officer	ROBERT SAMUELSON																							
5. Organized Under the Laws of:  IDAHO C 144854		6. Signature: <u>Katie Breckenridge</u> Date: <u>5/14/14</u> Name (type or print): <u>KATIE BRECKENRIDGE</u> Title: <u>PRESIDENT</u>																						