

|                                                                                                                                                        |                |                                                                                                                                                          |           |                                                        |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------|---------|-------------|--|
| No. <b>C 164963</b>                                                                                                                                    |                | <b>Due no later than Feb 28, 2015</b>                                                                                                                    |           | 2. Registered Agent and Address <b>(NO PO BOX)</b>     |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>1. Mailing Address: Correct in this box if needed.</b><br>PEARSON FINANCIAL GROUP, INC.<br>KIM R. PEARSON<br>452 E SUNNYSIDE RD<br>SANDPOINT ID 83864 |           | KIM R PEARSON<br>452 E SUNNYSIDE RD<br>SANDPOINT 83864 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                          |           | 3. <u>New</u> 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 |  |
| PRESIDENT                                                                                                                                              | KIM R. PEARSON | 452 E SUNNYSIDE RD                                                                                                                                       | SANDPOINT | ID                                                     | USA     | 83864       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 164963</b>                                                                                          |                | 6. Annual Report must be signed.*<br>Signature: kim r pearson<br>Name (type or print): kim r pearson<br>Date: 02/13/2015<br>Title: Registered Agent      |           |                                                        |         |             |  |
| Processed 02/13/2015                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                |           |                                                        |         |             |  |