| No. <b>C 101386</b>  |             |  |                |   | ent and Address (NO PO BOX) |             |  |
|--|-------------|--|----------------|---|-----------------------------|-------------|--|
| Return to:   |             | Annual Report Form   |                | KELLY LEE   |                             |             |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |             | 1. Mailing Address: Correct in this box if needed.  COMPUTER REPAIR SERVICES, INC.  KELLY R LEE  PO BOX 2205  TWIN FALLS ID 83303-2205 | FILER ID       | 2123 E 3900 N FILER ID 83328  3. New Registered Agent Signature:* |                             |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |             |  |                |   |                             |             |  |
| 200  |             | ess Addresses of President, Secretary, and Directors. Treasur  | er (optional). |   |                             |             |  |
| Office Held  | Name        | Street or PO Address   | City           | State   | Country                     | Postal Code |  |
| DIRECTOR   | KELLY R LEE | 2123 E. 3900 N.  | FILER          | ID  | USA                         | 83328       |  |
| SECRETARY  | SHIRLEY I L | EE 2123 E. 3900 N.   | FILER          | ID  | USA                         | 83328       |  |
| PRESIDENT  | KELLY R LEE | 2123 E. 3900 N.  | FILER          | ID  | USA                         | 83328       |  |
| 5. Organized Under the Laws of:  |             | 6. Annual Report must be signed.*  |                |   |                             |             |  |
| ID   |             | Signature: Shirley Lee   |                | Date: 01/30/2018  |                             |             |  |
| C 101386   |             | Name (type or print): Shirley Lee  |                | Title: Secretary  |                             |             |  |
| Processed 01/30/2018   |             | * Electronically provided signatures are accepted as original signatures.  |                |   |                             |             |  |