

|                                                                                                                                                        |                |                                                                                                                                          |       |                                                     |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------|------------------|-------------|--|
| No. <b>C 170962</b>                                                                                                                                    |                | <b>Due no later than Jan 31, 2017</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><br>AVON BUSY BEES, INC.<br>TONI SMITH<br>PO BOX 225<br>DEARY ID 83823-0225 |       | SARAH STANTON<br>1371 MICA MTN RD<br>DEARY ID 83823 |                  |             |  |
|                                                                                                                                                        |                |                                                                                                                                          |       | 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                                                                                                                                              | DARLENE FULLER | PO BOX 29 1591 MICA MTN RD                                                                                                               | DEARY | ID                                                  | USA              | 83823       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                        |       |                                                     |                  |             |  |
| <b>ID<br/>C 170962</b>                                                                                                                                 |                | Signature: Toni Smith                                                                                                                    |       |                                                     | Date: 11/28/2016 |             |  |
|                                                                                                                                                        |                | Name (type or print): Toni Smith                                                                                                         |       |                                                     | Title: Treasurer |             |  |
| Processed 11/28/2016                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                |       |                                                     |                  |             |  |