No. C 126150 Return to:		Due no later than Oct 31, 2015 Annual Report Form		2. Registered	2. Registered Agent and Address (NO PO BOX) LAURENCE G PARSONS			
				10 000 000000 00000 00 000				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. RIGHT! SOLUTIONS, INCORPORATED MARIA A PARSONS 10425 W CAROLINA DR BOISE ID 83709 USA			10425 W CAROLINA DR			
					BOISE ID 83709 3. New Registered Agent Signature:*			
4. Corporations: Ente	er Names and Busir	ness Addresses o	of President, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	MARIA A P	ARSONS	10425 W CAROLINA DRIVE	BOISE	ID	USA	83709	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: MARIA A. PARSONS Date: 08/17/2015						
C 126150		Name (type or print): MARIA A. PARSONS Title: DIRECTOR						
Processed 08/17/201	5	* Electronically	provided signatures are accepted as original	signatures.				