No. <b>C 193563</b>		Due no later than Jan 31, 2015 2. Registered Agent and Address (NO PO BOX)					
Return to:		Annual Report Form KYLE JONES					
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed.  NARRATIVE PROJECT, INC. (THE)  KYLE JONES  11342 W HICKORY LOOP DR  BOISE ID 83713		11342 W HICKORY LOOP DR BOISE 83713  3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	KYLE JONE: 11342 W HI						
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names an	d Business Addresses	of President, Secretary, and Directors. Treasu	rer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR THOM	AS BILLINGS	10207 DOVER FALLS CT	HUMBLE	TX	USA	77338	
	Y SOLOMON	PO BOX 8492	MOSCOW	ID	USA	83843	
DIRECTOR BILL	WESTFALL	2440 S RIVER DOWNS PL	MERIDIAN	ID	USA	83642	
5. Organized Under the Laws of:	6. Annual Rep	6. Annual Report must be signed.*					
ID	Signature:	Signature: Kyle Jones		Date: 01/30/2015			
C 193563	Name (type	Name (type or print): Kyle Jones		Title: Registered Agent			
Processed 01/30/2015	* Electronically	* Electronically provided signatures are accepted as original signatures.					