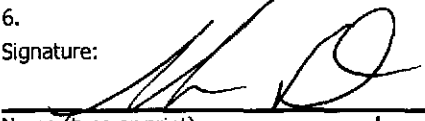


No. C 204955	Due no later than Feb 29, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) TED PULVER 802 N LINCOLN POST FALLS WA 83854														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. AMERICAN MARKETING & CABLE SERVICES, INC PO BOX 272 SPOKANE VALLEY WA 99016		3. <u>New</u> Registered Agent Signature.														
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Pres</td> <td>Shawn Duty only owner</td> <td>PO Box 272</td> <td>Greenacres</td> <td>WA</td> <td>Spo</td> <td>99016</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Pres	Shawn Duty only owner	PO Box 272	Greenacres	WA	Spo	99016
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
Pres	Shawn Duty only owner	PO Box 272	Greenacres	WA	Spo	99016											
5. Organized Under the Laws of: WASHINGTON C 204955	6. Signature:  Name (type or print): <u>Shawn Duty</u>			Date: <u>4/7/16</u> Title: <u>President</u>													