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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------|------------------|-------------|--|
| No. <b>C 190020</b>                                                                                                                                    |             | <b>Due no later than Feb 28, 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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>SILLY BIRCH, INC. (THE)<br>KATHLEEN ROMA<br>776 E RIVERSIDE DR<br>STE 240<br>EAGLE ID 83616 |       | KATHLEEN ROMA<br>776 E RIVERSIDE DR<br>STE 240<br>EAGLE ID 83616 |                  |             |  |
|                                                                                                                                                        |             |                                                                                                                                                                                               |       | 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                                                                                                                                              | JASON KOVAC | 1119 E STATE STREET                                                                                                                                                                           | BOISE | ID                                                               | USA              | 83712       |  |
| 5. Organized Under the Laws of:                                                                                                                        |             | 6. Annual Report must be signed.*                                                                                                                                                             |       |                                                                  |                  |             |  |
| <b>ID<br/>C 190020</b>                                                                                                                                 |             | Signature: Jason Kovac                                                                                                                                                                        |       |                                                                  | Date: 01/27/2017 |             |  |
|                                                                                                                                                        |             | Name (type or print): Jason Kovac                                                                                                                                                             |       |                                                                  | Title: President |             |  |
| Processed 01/27/2017                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                                                                     |       |                                                                  |                  |             |  |