| No. C 183679 | | Due no later than Jun 30, 2018 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|-------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------|------------|--------------------------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. PINE HILLS FUNERAL CHAPEL & CREMATORY, INC. RYAN M DENNISON PO BOX 307 OROFINO ID 83544 RYAN M DENNISON 939 MICHIGAN AVE. OROFINO ID 83544 OROFINO ID 83544 3. New Registered Agent Signature:* | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | All | | () | | | |
| Office Held Name | | ess addresses of P | resident, Secretary, and Directors. Treasure Street or PO Address | r (optional). City | State | Country | Postal Code |
| SECRETARY ILENA M DENNISON PRESIDENT RYAN M DENNISON | | P.O. BOX 307 939 MICHGAN AVE. P.O. BOX 307 939 MICHIGAN AVE. | OROFINO OROFINO | ID ID | USA USA | 83544-0307 83544-0307 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID C 183679 | | Signature: RYA | Date: 05/01/2018 Title: PRESIDENT | | | | |
| Processed 05/01/2018 | | Name (type or print): RYAN M. DENNISON Title: PRESIDENT * Electronically provided signatures are accepted as original signatures. | | | | | |