| No. C 171273 | | Due no later than Feb 28, 2013 | | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-----------------|---|--|---|---|-------|---------|-------------|
| Return to: | | Annual Report Form | | ROBERT F SPIEL 5493 S. TAPPAN FALLS DR. IDAHO FALLS ID 83406 3. New Registered Agent Signature:* | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. SPIEL & ASSOCIATES, INC. ROBERT F SPIEL 5493 S TAPPAN FALLS DR IDAHO FALLS ID 83406 | | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | USA | | | | | | |
| 4. Corporations: Enter N | lames and Busin | ess Addresses o | of President, Secretary, and Directors | . Treasurer (| optional). | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| SECRETARY JUDENE R SPIEL | | SPIEL | 5493 S. TAPPAN FALLS DR | ₹. | IDAHO FALLS | ID | USA | 83406 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Robert Spiel | | | Date: 12/26/2012 | | | |
| C 171273 | | Name (type or print): Robert Spiel | | | Title: President | | | |
| Processed 12/26/2012 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |