Annual Report Form 1. Mailing Address: Correct in this box if needed. DARK STAR PARTNERS, INC. SHERRI LUKENS PO BOX 1051 SALMON ID 83467	39 POLLARI SALMON II	D CREEK ACR	ES	
USA	3. <u>New</u> Registe	SHERRI LUKENS 39 POLLARD CREEK ACRES SALMON ID 83467 3. New Registered Agent Signature:*		
Street or PO Address ENS 39 POLLARD CREEK ACRES	rer (optional). City SALMON SALMON	State ID ID	Country USA USA	Postal Code 83467 83467
6. Annual Report must be signed.* Signature: Sherri Lukens Name (type or print): Sherri Lukens		1.7000000000000000000000000000000000000	Service of the American	
	USA ness Addresses of President, Secretary, and Directors. Treasur Street or PO Address KENS 39 POLLARD CREEK ACRES ENS 39 POLLARD CREEK ACRES 6. Annual Report must be signed.* Signature: Sherri Lukens Name (type or print): Sherri Lukens	ness Addresses of President, Secretary, and Directors. Treasurer (optional). Street or PO Address City KENS 39 POLLARD CREEK ACRES SALMON ENS 39 POLLARD CREEK ACRES SALMON 6. Annual Report must be signed.* Signature: Sherri Lukens Name (type or print): Sherri Lukens	Description of the signed of t	Dess Addresses of President, Secretary, and Directors. Treasurer (optional). Street or PO Address City State Country CENS 39 POLLARD CREEK ACRES SALMON ID USA ENS 39 POLLARD CREEK ACRES SALMON ID USA 6. Annual Report must be signed.* Signature: Sherri Lukens Date: 01/28/2018