No. <b>C 111026</b>		Due no later than Jun 30, 2014		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		ALLAN KYLE				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  EYE OF THE STORM, INC.  ALLAN D KYLE  25249 N HATCH RD  ATHOL ID 83801-8683		ATHOL ID 838	25249 N HATCH RD ATHOL ID 83801  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Corporations: Ente	r Names and Busin	ess Addresses	of President, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR DIRECTOR	DICK WILD JEANNE LEC	NARD	5531 SANTA MARIA DR P.O. BOX 516	COEUR D'ALENE ENTIAT	ID WA	USA USA	83815 98822	
SECRETARY PRESIDENT DIRECTOR	DARYL A. K ALLAN D. K JIM LEONAR	YLE	25249 N. HATCH RD. 25249 N. HATCH RD. P.O. BOX 516	ATHOL ATHOL ENTIAT	ID ID WA	USA USA USA	83801-8683 83801-8683 98822-8683	
DIRECTOR	JIN LEONAN	D	F.O. DOV 210	LINIDAT	VVA	USA	90022-0003	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 111026		Signature: Allan D. Kyle		Г	Date: 04/28/2014			
		Name (type or print): Allan D. Kyle		Т	Title: President			
Processed 04/28/201	4	* Electronically	provided signatures are accepted as origina	l signatures.				