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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------|---------|-------------|--|
| No. <b>C 77522</b>                                                                                                                                     |                   | <b>Due no later than Dec 31, 2015</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>SRJ, INCORPORATED<br>RICHARD GRAVES<br>416 S. 5TH AVE., STE. D<br>POCATELLO ID 83201 |           | RICHARD GRAVES<br>416 S. 5TH AVE., STE. D<br>POCATELLO ID 83201 |         |             |  |
|                                                                                                                                                        |                   |                                                                                                                                                                                        |           | 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                                                                                                                                              | RICHARD WM GRAVES | 522 SOUTH NINTH                                                                                                                                                                        | POCATELLO | ID                                                              | USA     | 83201       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 77522</b>                                                                                           |                   | 6. Annual Report must be signed.*<br>Signature: Richard Graves<br>Name (type or print): Richard Graves<br>Date: 10/20/2015<br>Title: President                                         |           |                                                                 |         |             |  |
| Processed 10/20/2015                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                                              |           |                                                                 |         |             |  |