

No. C 122839		Due no later than Feb 28, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. RECOVERY ROOM UPHOLSTERY INC. KRISTINE M MAZZUCA 4914 E 16TH AVE #2 POST FALLS ID 83854		KRISTINE M MAZZUCA 4914 E 16TH AVE #2 POST FALLS ID 83854			
						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	MICHAEL A MAZZUCA	4914 E 16TH AVE #2	POST FALLS	ID	USA	83854	
VICE PRESIDENT	KRISTINE M MAZZUCA	4914 E 16TH AVE #2	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of: ID C 122839		6. Annual Report must be signed.* Signature: Kristine Mazzuce Name (type or print): Kristine Mazzuce					
		Date: 01/09/2018 Title: Vice President					
Processed 01/09/2018		* Electronically provided signatures are accepted as original signatures.					