

|                                                                                                                                                        |               |                                                                                                                                                                                    |          |                                                     |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------|---------|-------------|--|
| No. <b>C 194663</b>                                                                                                                                    |               | <b>Due no later than May 31, 2016</b>                                                                                                                                              |          | <b>2. Registered Agent and Address (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>PRECISION INDUSTRIES, INC<br>KENT R PARISH<br>620 MAXINE LN<br>KIMBERLY ID 83341 |          | KENT R PARISH<br>620 MAXINE LN<br>KIMBERLY ID 83341 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                                                                    |          | 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                                                                                                                                              | KENT R PARISH | 620 MAXINE LANE                                                                                                                                                                    | KIMBERLY | ID                                                  | USA     | 83341       |  |
| SECRETARY                                                                                                                                              | DAWN L PARISH | 620 MAXINE LANE                                                                                                                                                                    | KIMBERLY | ID                                                  | USA     | 83341       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 194663</b>                                                                                          |               | 6. Annual Report must be signed.*<br>Signature: Dawn L Parish<br>Name (type or print): Dawn L Parish<br>Date: 03/19/2016<br>Title: Secretary                                       |          |                                                     |         |             |  |
| Processed 03/19/2016                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                                          |          |                                                     |         |             |  |