

|                                                                                                                                                        |                |                                                                                                                                                              |       |                                                       |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------|---------|-------------|--|
| No. <b>C 134692</b>                                                                                                                                    |                | <b>Due no later than Jul 31, 2016</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>1. Mailing Address: Correct in this box if needed.</b><br><br>HESS MOVING & STORAGE, INC.<br>ROBYN L HESS<br>6279 N. OLD HWY 191<br>MALAD ID 83252<br>USA |       | EDWARD T HESS<br>6279 N OLD HWY 191<br>MALAD ID 83252 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                              |       | 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 |  |
| SECRETARY                                                                                                                                              | ROBYN L. HESS  | 6279 N. OLD HWY 191                                                                                                                                          | MALAD | ID                                                    | USA     | 83252       |  |
| PRESIDENT                                                                                                                                              | EDWARD T. HESS | 6279 N. OLD HWY 191                                                                                                                                          | MALAD | ID                                                    | USA     | 83252       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 134692</b>                                                                                          |                | 6. Annual Report must be signed.*<br>Signature: Robyn Hess<br>Name (type or print): Robyn Hess                                                               |       |                                                       |         |             |  |
|                                                                                                                                                        |                | Date: 07/24/2016<br>Title: Secretary                                                                                                                         |       |                                                       |         |             |  |
| Processed 07/24/2016                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                    |       |                                                       |         |             |  |