No. C 200532 Return to:	Due no later than Dec 31, 2015 Annual Report Form		MICHAEL N	2. Registered Agent and Address (NO PO BOX) MICHAEL NORMAN 120 VIEW RD			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	NORMAN CU STEVE R C PO BOX 629 OROFINO II	LACK	KAMIAH ID	KAMIAH ID 83536 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and Bus	iness Addresses o	of President, Secretary, and Directors. Treas	surer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	A NORMAN V NORMAN	120 VIEW ROAD 120 VIEW ROAD	КАМІАН КАМІАН	ID ID	USA USA	83536 83536	
5. Organized Under the Laws of:	6. Annual Report must be signed.*						
ID	Signature: 0	Signature: Carrie Donovan		Date: 10/14/2015			
C 200532	Name (type or print): Carrie Donovan			Title: Bookkeeper			
Processed 10/14/2015	* Electronically	* Electronically provided signatures are accepted as original signatures.					