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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------|---------|-------------|--|
| No. <b>C 138691</b>                                                                                                                                    |                         | <b>Due no later than Apr 30, 2014</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>EASTWOOD MANAGEMENT, INC.<br>CHERIENNE RUBY-RHYNE<br>2510 N PINES ROAD STE 1<br>SPOKANE VALLEY WA 99206<br>USA |                | ROBERT TEMPLIN<br>414 E FIRST AVE<br>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                                                                                                                                              | CHRISTOPHER ASHENBRENER | 2510 N PINES ROAD STE 1                                                                                                                                                                                      | SPOKANE VALLEY | WA                                                       | USA     | 99206       |  |
| SECRETARY                                                                                                                                              | BILL LAWSON             | 2510 N PINES ROAD STE 1                                                                                                                                                                                      | SPOKANE VALLEY | WA                                                       | USA     | 99206       |  |
| 5. Organized Under the Laws of:<br><br><b>WA<br/>C 138691</b>                                                                                          |                         | 6. Annual Report must be signed.*<br>Signature: Bill Lawson<br>Name (type or print): Bill Lawson<br>Date: 03/31/2014<br>Title: Secretary                                                                     |                |                                                          |         |             |  |
| Processed 03/31/2014                                                                                                                                   |                         | * Electronically provided signatures are accepted as original signatures.                                                                                                                                    |                |                                                          |         |             |  |