

|  |  |   |   |       |         |             |  |
|--|--|---|---|-------|---------|-------------|--|
| No. <b>C 195879</b>  | <b>Due no later than Sep 30, 2017</b><br><b>Annual Report Form</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>CP ENDEAVORS INC<br>CARLA PARKINSON<br>859 S YELLOWSTONE HWY<br>101<br>REXBURG ID 83440 |   | CARLA PARKINSON<br>859 S YELLOWSTONE HWY<br>SUITE 101<br>REXBURG ID 83440 |       |         |             |  |
|  |  |   | 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  | CARLA PARKINSON  | 859 S YELLOWSTONE HWY SUITE 101   | REXBURG   | ID    | USA     | 83440       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 195879</b>  | 6. Annual Report must be signed.*<br>Signature: Carla Parkinson<br>Name (type or print): Carla Parkinson   |   | Date: 08/01/2017<br>Title: President                                      |       |         |             |  |
| Processed 08/01/2017   |  | * Electronically provided signatures are accepted as original signatures. |   |       |         |             |  |