No. <b>C 98554</b>		Due	2. Registere	2. Registered Agent and Address (NO PO BOX)				
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  ASCORP, INC. HEATHER N SMATHERS PO BOX 363 OROFINO ID 83544-0363		217 COLL OROFINO	LONNIE SIMPSON 217 COLLEGE AVE STE 5 OROFINO ID 83544  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		ess Addresses of President, Secretary, and Directors. Treasurer (optional).		ignature.				
	lame	233 / (44) 23223 31 1	Street or PO Address	City	State	Country	Postal Code	
	SHANNON D SIMPSON LONNIE E SIMPSON		P.O. BOX 1268 P.O. BOX 1268	OROFINO OROFINO	ID ID	USA USA	83544-1268 83544-1268	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 98554		Signature: Lor		Date: 03/20/2017				
		Name (type or		Title: President				
Processed 03/20/2017	* Electronically provided signatures are accepted as original signatures.							