| No. C 177408 | | Due no later than Feb 29, 2012 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|-----------------------------------|--|--------------------|---|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | TECHRAMI MARK S Y PO BOX 11 | Annual Report Form 1. Mailing Address: Correct in this box if needed. TECHRAMP INC. MARK S WILSON PO BOX 1194 OROFINO ID 83544 | | RAYMOND POWELL 1169 SHRIVER RD. OROFINO ID 83544 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Corporations: Enter Names an | d Business Addresses | of President, Secretary, and Directors. Trea | asurer (optional). | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT MARK | S WILSON | 15972 MERCER RD | TOWNVILLE | PA | USA | 16360 | |
| 5. Organized Under the Laws of: | 6. Annual Re | 6. Annual Report must be signed.* | | | | | |
| ID | Signature: Mark S. Wilson | | | Date: 03/26/2012 | | | |
| C 177408 | Name (typ | Name (type or print): Mark S. Wilson | | Title: President | | | |
| Processed 03/26/2012 | * Electronical | * Electronically provided signatures are accepted as original signatures. | | | | | |