

No. C 203187		Due no later than Aug 31, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. CUSTOM GABLE VENTS INC HUGHES BUSINESS SERVICES INC 2539 CHANNING WAY STE 220 IDAHO FALLS ID 83404		MIKEL CHRISTENSEN 725 CLARENCE CRT IDAHO FALLS ID 83402			
						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	MIKEL CHRISTENSEN	269 LOST TRAIL PLACE	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: ID C 203187		6. Annual Report must be signed.* Signature: mikel christensen Name (type or print): mikel christensen					
		Date: 06/24/2016 Title: PRES					
Processed 06/24/2016 * Electronically provided signatures are accepted as original signatures.							