| No. C 97607 | Due no la | Due no later than Feb 29, 2016 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|---|---|------------------|--|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing Address SARA GRACE, INCOR RICHARD GERALD A | Annual Report Form 1. Mailing Address: Correct in this box if needed. SARA GRACE, INCORPORATED RICHARD GERALD ANDERSON PO BOX 799 | | RICHARD GERALD ANDERSON 1779 PINE LAKES RANCH DR. CASCADE ID 83611 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | CASCADE ID 83611 | CASCADE ID 83611 | | 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 | |
| VICE PRESIDENT LORI ANDERSON | | PO BOX 799 1779 PINE LAKES RANCH DR. | CASCADE | ID | USA | 83611 | |
| 5. Organized Under the Laws of: 6. Annual Report must be | | be signed.* | | | | | |
| ID Signature: Lori And | | rson | Date: 12/25/2015 | | | | |
| C 97607 Name (type or prin | | : Lori Anderson | Ti | Title: Vice President | | | |
| Processed 12/25/2015 | * Electronically provided signatures are accepted as original signatures. | | | | | | |