No. C 165266		Due no later than Feb 28, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. SPHEROID HABITAT INCORPORATED TOM ELLIOTT 340 S ELLIOTT DR HAMMETT ID 83627		F THOMAS ELLIOTT 340 S ELLIOTT DR HAMMETT ID 83627 3. New Registered Agent Signature:*			
4. Corporations: Enter Nar	mes and Busin	ess Addresses of Preside	nt, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR JERRY SHET		LER	6932 SHETLER DRIVE	MOUNTAIN HOME	ID	USA	83647
TREASURER TAMARA HE		NDRICKS	486 S. ONEIDA	GLENNS FERRY	ID	USA	83623
DIRECTOR	CRAIG TRAL	IDT	711 E. 1ST AVE.	GLENNS FERRY	ID	USA	83623
SECRETARY IVAN SHETL		ER	6944 SHETLER DRIVE	MOUNTAIN HOME	ID	USA	83647
PRESIDENT	TOM ELLIOT	Т	340 S. ELLIOTT DRIVE P.O. BOX 133	HAMMETT	ID	USA	83627
5. Organized Under the Laws of:		6. Annual Report must I					
ID		Signature: Tom Elliott		Date: 04/07/2014			
C 165266		Name (type or print): Tom Elliott		Title: President			
Processed 04/07/2014 * Electronically provided signatures are accepted as original signatures.							