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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------|---------|----------------------------------------------------|--|
| No. <b>C 108607</b>                                                                                                                                    |              | <b>Due no later than Dec 31, 2015</b>                                                                                                                 |               | <b>Annual Report Form</b>                              |         | 2. Registered Agent and Address <b>(NO PO BOX)</b> |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |              | <b>1. Mailing Address: Correct in this box if needed.</b><br>WALTRICH ENTERPRISES, INC.<br>MELANIE M STAPLES<br>PO BOX 3096<br>BONNERS FERRY ID 83805 |               | JAMES R STAPLES<br>6476 MAIN<br>BONNERS FERRY ID 83805 |         |                                                    |  |
|                                                                                                                                                        |              |                                                                                                                                                       |               | 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                                                                                                                                              | WALT DINNING | P.O. BOX 1487                                                                                                                                         | BONNERS FERRY | ID                                                     | USA     | 83805                                              |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 108607</b>                                                                                          |              | 6. Annual Report must be signed.*<br>Signature: Melanie Staples<br>Name (type or print): Melanie Staples                                              |               | Date: 10/13/2015<br>Title: Bkp                         |         |                                                    |  |
| Processed 10/13/2015                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                             |               |                                                        |         |                                                    |  |