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|--|--------------------|--|-------|--|------------------|-------------|
| No. C 1549 | | Due no later than Mar 31, 2016 | | 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. FIRST WEST LATEREL CHRISTINE GILBERT 949 RIVER RD GRACE ID 83241 | | TRAVIS DON GILBERT 639 RIVER RD GRACE ID 83241 | | |
| | | | | 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 |
| DIRECTOR | DAVID MILES | 1909 NITER-BENCH RD. | GRACE | ID | USA | 83241 |
| SECRETARY | CHRISTINE GILBERT | 949 RIVER RD. | GRACE | ID | USA | 83241 |
| DIRECTOR | KEITH JORGENSEN | 503 BENCH LAGO RD. | GRACE | ID | USA | 83241 |
| DIRECTOR | NORMAN JOHNSON | 995 RIVER RD. | GRACE | ID | USA | 83241 |
| PRESIDENT | TRAVIS DON GILBERT | 639 RIVER RD | GRACE | ID | USA | 83241 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | |
| ID C 1549 | | Signature: Christine Gilbert | | | Date: 04/03/2016 | |
| | | Name (type or print): Christine Gilbert | | | Title: Sec. | |
| Processed 04/03/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | |