No. **C 198323**	**Due no later than May 31, 2015** **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.** PERRINE DEVELOPERS, INC JOHN A COLEMAN PO BOX 1293 TWIN FALLS ID 83303	JOHN A COLEMAN 401 GOODING STREET N STE 201 TWIN FALLS ID 83301 3. New 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	MARK B WRIGHT	PO BOX 1293	TWIN FALLS	ID	USA	83303-1293

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 198323**	Signature: John Coleman	Date: 04/22/2015
	Name (type or print): John Coleman	Title: Agent

Processed 04/22/2015

* Electronically provided signatures are accepted as original signatures.