No. <b>C 157205</b>		Annual Report Form  1. Mailing Address: Correct in this box if needed.  AFTERHOURS DESIGN, PA MICHAEL D. MATTIAS P O BOX 1733 HAILEY ID 83333		2. Registered /	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				109 S 4TH S BELLEVUE 1	MICHAEL D MATTIAS AIA  109 S 4TH ST  BELLEVUE ID 83313  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Corporations: Enter Names and Busine		ess Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY	PATRICIA A	MBER MATTIAS	PO BOX 1733	HAILEY	ID	USA	83333	
5. Organized Under the Laws of:		6. Annual Report n						
ID		Signature: PV A		Date: 09/22/2014				
C 157205		Name (type or p		Title: Secretary				
Processed 09/22/2014	* Electronically provided signatures are accepted as original signatures.							