

|                                                                                                                                                        |                |                                                                                                                                                                               |          |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------|---------|-------------|--|
| No. <b>C 49218</b>                                                                                                                                     |                | Due no later than Mar 31, 2014                                                                                                                                                |          | 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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>BARNES, INC.<br>BARRY M BARNES<br>P. O. BOX 263<br>LEWISTON ID 83501<br>USA |          | BARRY M BARNES<br>4728 HATWAI<br>LEWISTON ID 83501 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                                               |          | 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 |  |
| SECRETARY                                                                                                                                              | BRICE J BARNES | 4728 HATWAI RD                                                                                                                                                                | LEWISTON | ID                                                 | USA     | 83501       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 49218</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Barry Barnes<br>Name (type or print): Barry Barnes<br>Date: 01/29/2014<br>Title: President                                    |          |                                                    |         |             |  |
| Processed 01/29/2014                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                     |          |                                                    |         |             |  |