| No. <b>C 46378</b>  |      | Due no later than Nov 30, 2016  |                       | 2. Registered A       | 2. Registered Agent and Address (NO PO BOX)                                       |         |             |  |
|---|------|---|-----------------------|-----------------------|---|---------|-------------|--|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080                               |      | Annual Report Form  1. Mailing Address: Correct in this box if needed.  G L T SERVICES, INC. GERALD L TAYLOR PO BOX 70 REXBURG ID 83440 |                       | 871 S HWY             | GERALD TAYLOR 871 S HWY 191 REXBURG ID 83440  3. New Registered Agent Signature:* |         |             |  |
|   |      |   |                       | 3. <u>New</u> Registe |   |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE  |      |   |                       |                       |   |         |             |  |
| 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 MICHAEL TAYLOR  |      | YLOR  | 819 S YELLOWSTONE HWY | REXBURG               | ID  | USA     | 83440       |  |
| DIRECTOR DAVID G TAYL   |      | YLOR  | 819 S YELLOWSTONE HWY | REXBURG               | ID  | USA     | 83440       |  |
| PRESIDENT GERALD L TAYLOR   |      | AYLOR   | 819 S YELLOWSTONE HWY | REXBURG               | ID  | USA     | 83440       |  |
| 5. Organized Under the Laws of:   |      | 6. Annual Report must be signed.*   |                       |                       |   |         |             |  |
| ID  |      | Signature: Travis Allred  |                       |                       | Date: 11/10/2016  |         |             |  |
| C 46378   |      | Name (type or print): Travis Allred   |                       |                       | Title: Controller   |         |             |  |
| Processed 11/10/2016 * Electronically provided signatures are accepted as original signatures.                    |      |   |                       |                       |   |         |             |  |