No. <b>C 197204</b>		Annual Report Form  1. Mailing Address: Correct in this box if needed.  MOUNTAIN SWEETIES APIARIES, INC 815 W HAGLER RD INKOM ID 83245		2	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					CALYNN COMBS 815 W HAGLER RD INKOM ID 83245  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	SIDENT CALYNN L COMBS		815 W HAGLER RD		INKOM	ID	USA	83245
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Ccombs			Date: 02/21/2018			
C 197204		Name (type or print): Ccombs			Title: President			
Processed 02/21/2018 * Electronically provided signatures are accepted as original signatures.								