

|                                                                                                                                                        |                |                                                                                                                                                  |       |                                                    |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------|------------------|--|
| No. <b>C 170969</b>                                                                                                                                    |                | <b>Due no later than Jan 31, 2016</b>                                                                                                            |       | 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>1. Mailing Address: Correct in this box if needed.</b><br><br>ACCESS INVESTIGATION INC.<br>SHERRI AREY<br>5290 CONESTOGA PL<br>BOISE ID 83709 |       | SHERRI AREY<br>5290 CONESTOGA PL<br>BOISE ID 83709 |         |                  |  |
|                                                                                                                                                        |                |                                                                                                                                                  |       | 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      |  |
| PRESIDENT                                                                                                                                              | JACK B CURRIER | 10400 OVERLAND RD #417                                                                                                                           | BOISE | ID                                                 | USA     | 83709            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                |       |                                                    |         |                  |  |
| <b>ID<br/>C 170969</b>                                                                                                                                 |                | Signature: Sherri Arey                                                                                                                           |       |                                                    |         | Date: 01/02/2016 |  |
|                                                                                                                                                        |                | Name (type or print): Sherri Arey                                                                                                                |       |                                                    |         | Title: Owner     |  |
| Processed 01/02/2016                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                        |       |                                                    |         |                  |  |