| No. <b>C 146555</b>  | Due no later than Dec 31, 2013  | 2. Registered A  | 2. Registered Agent and Address (NO PO BOX) |         |             |  |
|--|---|--|---|---------|-------------|--|
| Return to:   | Annual Report Form  | JOEL PALS  |   |         |             |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 | 1. Mailing Address: Correct in this box if needed.  MHS BAND PATRONS, INC.  JOEL PALS  1610 15TH AVENUE APT. #1 | 1610 15TH AVE APT 1 LEWISTON ID 83501  3. New Registered Agent Signature:* |   |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   | LEWISTON ID 83501<br>USA  |  |   |         |             |  |
| 4. Corporations: Enter Names and Busin   | ess Addresses of President, Secretary, and Directors. Treasure  | er (optional).   |   |         |             |  |
| Office Held Name   | Street or PO Address  | City   | State                                       | Country | Postal Code |  |
| PRESIDENT PEGGY QUES   | SNELL 1610 15TH AVENUE APT. #1  | LEWISTON   | ID  | USA     | 83501       |  |
| SECRETARY PEGGY QUES   | SNELL 1610 15TH AVENUE APT. #1  | LEWISTON   | ID  | USA     | 83501       |  |
| DIRECTOR JOEL PALS   | 1610 15TH AVENUE APT. #1  | LEWISTON   | ID  | USA     | 83501       |  |
| 5. Organized Under the Laws of:  | 6. Annual Report must be signed.*   |  |   |         |             |  |
| ID   | Signature: Joel D. Pals   | Date: 12/19/2013   |   |         |             |  |
| C 146555 Name (type or print): Joel D. Pals                                      |   | Title: Director  |   |         |             |  |
| Processed 12/19/2013   | * Electronically provided signatures are accepted as original signatures.                                       |  |   |         |             |  |