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|--|--------------|---|----------|--|---------|------------------|--|
| No. C 140147 | | Due no later than Aug 31, 2017 | | 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 RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. BUTTERFLY MEDICINE INSTITUTE, INC. LILY FINCH 6198 W TRESTLE #2 RATHDRUM ID 83858 | | LILY E FINCH 6198 W TRESTLE #2 RATHDRUM ID 83858 | | | |
| | | | | 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 | LILY E FINCH | 6198 W TRESTLE #2 | RATHDRUM | ID | USA | 83858 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID C 140147 | | Signature: LILY FINCH | | | | Date: 08/24/2017 | |
| | | Name (type or print): LILY FINCH | | | | Title: PRESIDENT | |
| Processed 08/24/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | | |