

No. <b>C 205710</b>		<b>Due no later than Apr 30, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  ARRIBA CENTER, INC. 3505 N 36TH ST BOISE ID 83703		DR CRISTOBAL COVELLI 3505 N 36TH ST BOISE ID 83703			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	
DIRECTOR	BRAD NEUROTH	897 W GREAT BASIN DR	MERIDIAN	ID	USA	83646	
SECRETARY	BRAD NEUROTH	897 W GREAT BASIN DR	MERIDIAN	ID	USA	83646	
DIRECTOR	LEROY W LARSON	3505 N 36TH ST	BOISE	ID	USA	83703	
VICE PRESIDENT	LEROY W LARSON	3505 N 36TH ST	BOISE	ID	USA	83703	
PRESIDENT	CRISTOBAL COVELLI	3505 N 36TH ST	BOISE	ID	USA	83703	
DIRECTOR	CRISTOBAL COVELLI	3505 N 36TH ST	BOISE	ID	USA	83703	
5. Organized Under the Laws of:  <b>ID</b> <b>C 205710</b>		6. Annual Report must be signed.*  Signature: Dr Cristobal Covelli Name (type or print): Dr Cristobal Covelli					
		Date: 02/22/2016 Title: President					
Processed 02/22/2016		* Electronically provided signatures are accepted as original signatures.					