

No. C 205710		Due no later than Apr 30, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. ARRIBA CENTER, INC. 3505 N 36TH ST BOISE ID 83703		DR CRISTOBAL COVELLI 3505 N 36TH ST BOISE ID 83703		
				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: ID C 205710		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.				