

|                                                                                                                                                        |                  |                                                                                                                                                |          |                                                              |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------|---------|------------------|--|
| No. <b>C 109183</b>                                                                                                                                    |                  | <b>Due no later than Jan 31, 2018</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>SHAWVCO, INC.<br>TIMOTHY SHAWVER<br>1405 W PINE AVE<br>MERIDIAN ID 83642-1932 |          | TIMOTHY SHAWVER<br>1405 W PINE AVE<br>MERIDIAN ID 83642-1932 |         |                  |  |
|                                                                                                                                                        |                  |                                                                                                                                                |          | 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      |  |
| SECRETARY                                                                                                                                              | JANICE SHAWVER   | 1405 W PINE AVE.                                                                                                                               | MERIDIAN | ID                                                           | USA     | 83642-1932       |  |
| TREASURER                                                                                                                                              | KRISTINA SHAWVER | 1405 W. PINE AVE.                                                                                                                              | MERIDIAN | ID                                                           | USA     | 83642-1932       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                              |          |                                                              |         |                  |  |
| <b>ID<br/>C 109183</b>                                                                                                                                 |                  | Signature: Janice Shawver                                                                                                                      |          |                                                              |         | Date: 01/23/2018 |  |
|                                                                                                                                                        |                  | Name (type or print): Janice Shawver                                                                                                           |          |                                                              |         | Title: Secretary |  |
| Processed 01/23/2018                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                      |          |                                                              |         |                  |  |