| No. C 149086 | | Due no later than May 31, 2016 | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-----------------|---|---|-------|---------|-------------|
| Return to: | | Annual Report Form | TOM BEELES 10394 W EMERALD ST BOISE ID 83704 3. New Registered Agent Signature:* | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. ALLIED BUSINESS SOLUTIONS, INC. TOM BEELES 10394 W EMERALD ST BOISE ID 83704 | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | |
| 4. Corporations: Enter N | lames and Busin | ess Addresses of President, Secretary, and Directors. Treasurer | (optional). | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
| PRESIDENT TOM BEELES | | 5 10394 W. EMERALD ST. | BOISE | ID | USA | 83704 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | |
| ID | | Signature: Tom Beeles | Date: 03/22/2016 | | | |
| C 149086 | | Name (type or print): Tom Beeles | Title: President | | | |
| Processed 03/22/2016 * Electronically provided signatures are accepted as original signatures. | | | | | | |