

|  |                |   |           |   |         |                  |  |
|--|----------------|---|-----------|---|---------|------------------|--|
| No. <b>C 88590</b>   |                | <b>Due no later than Feb 28, 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>HENDERSON FUNERAL HOME, INC.<br>BOB M CORNELISON<br>431 NORTH 15TH AVENUE<br>POCATELLO ID 83201<br>USA |           | BOB M CORNELISON<br>431 NORTH 15TH AVENUE<br>POCATELLO ID 83201 |         |                  |  |
|  |                |   |           | 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  | BOB CORNELISON | 431 N. 15TH AVE   | POCATELLO | ID  | USA     | 83201            |  |
| 5. Organized Under the Laws of:  |                | 6. Annual Report must be signed.*   |           |   |         |                  |  |
| <b>ID<br/>C 88590</b>  |                | Signature: Bob M. Cornelison  |           |   |         | Date: 12/23/2017 |  |
|  |                | Name (type or print): Bob M. Cornelison   |           |   |         | Title: President |  |
| Processed 12/23/2017   |                | * Electronically provided signatures are accepted as original signatures.   |           |   |         |                  |  |