

| | | | |
|--|--|---|--------------------------------|
| No. C 147190 | Due no later than Jan 31, 2018 Annual Report Form | 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 | 1. Mailing Address: Correct in this box if needed. JOHN C. ROBERTS, INC. JOHN ROBERTS 256 MARTIN ST TWIN FALLS ID 83301 | DR JOHN C ROBERTS 256 MARTIN ST TWIN FALLS ID 83301 | |
| | | 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 | JOHN ROBERTS | 256 MARTIN STREET | TWIN FALLS ID USA 83301 |
| SECRETARY | CHRISTIE H ROBERTS | 256 MARTIN STREET | TWIN FALLS ID USA 83301 |
| 5. Organized Under the Laws of: ID C 147190 | 6. Annual Report must be signed.* Signature: JOHN ROBERTS Date: 11/27/2017 Name (type or print): JOHN ROBERTS Title: PRESIDENT | | |
| Processed 11/27/2017 | * Electronically provided signatures are accepted as original signatures. | | |