

|                                                                                                                                                        |                |                                                                                                                                              |            |                                                    |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------|---------|------------------|--|
| No. <b>C 102978</b>                                                                                                                                    |                | <b>Due no later than Aug 31, 2013</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>KORNER KLUB, INC.<br>LOU MOURNING<br>803 MAIN<br>ST. MARIES ID 83861<br>USA |            | LOU MOURNING<br>803 MAIN<br>ST. MARIES ID 83861    |         |                  |  |
|                                                                                                                                                        |                |                                                                                                                                              |            | 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                                                                                                                                              | LOU E MOURNING | 1105 WASHINGTON AVE                                                                                                                          | ST. MARIES | ID                                                 | USA     | 83861            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                            |            |                                                    |         |                  |  |
| <b>ID<br/>C 102978</b>                                                                                                                                 |                | Signature: Lou Mourning                                                                                                                      |            |                                                    |         | Date: 08/19/2013 |  |
|                                                                                                                                                        |                | Name (type or print): Lou Mourning                                                                                                           |            |                                                    |         | Title: President |  |
| Processed 08/19/2013                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                    |            |                                                    |         |                  |  |