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|--|----------------|--|--------|--|---------|-------------|--|
| No. C 182490 | | Due no later than Mar 31, 2014 | | 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 | | Annual Report Form | | JUDY B LALONDE 617 S MAIN ST TROY ID 83871 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | TROY HORIZONS INC. JUDY LALONDE 1021 MCKEEHAN ROAD TROY ID 83871 | | | | | |
| 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 | |
| DIRECTOR | SUE WESTERVELT | PO BOX 223 | DEARY | ID | USA | 83823 | |
| DIRECTOR | JUDY B LALONDE | 1021 MCKEEHAN ROAD | TROY | ID | USA | 83871 | |
| DIRECTOR | BEV BAFUS | 417 PINTAIN LN | MOSCOW | ID | USA | 83843 | |
| 5. Organized Under the Laws of: ID C 182490 | | 6. Annual Report must be signed.* Signature: Judy B LaLonde Name (type or print): Judy B LaLonde | | Date: 04/24/2014 Title: Director | | | |
| Processed 04/24/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | | |