| No. C 176806 | | Due | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|--|--|--|---|--|---------|-------------|--|
| Return to: | | Annual Report Form | | | SETH F WINTERHOLLER PHD 483 MAHARD DR TWIN FALLS ID 83301 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. SETH F. WINTERHOLLER, PH.D., P.C. SETH F WINTERHOLLER 483 MAHARD DR TWIN FALLS ID 83301 | | | | | | |
| | | | | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | TWINTALLS ID 65501 | | | | | | |
| 4. Corporations: Enter Names ar | nd Busine | ess Addresses of P | resident, Secretary, and Directors. Treasu | rer (optional). | | | | |
| Office Held Name | e | | Street or PO Address | City | State | Country | Postal Code | |
| | | | 483 MAHARD DR | TWIN FALLS | ID | USA | 83301 | |
| | BETTIE WINTERHOLLER SETH F WINTERHOLLER | | 614 EAST 10TH AVENUE | JEROME | ID | USA | 83338 | |
| PRESIDENT SETH | 483 MAHARD DR | TWIN FALLS | ID | USA | 83301 | | | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Set | | Date: 12/20/2011 | | | | |
| C 176806 | | Name (type or | | Title: President | | | | |
| Processed 12/20/2011 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |