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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------|---------|------------------|--|
| No. <b>C 120522</b>                                                                                                                                    |                  | <b>Due no later than Aug 31, 2014</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>NONINI FINANCIAL SERVICES, INC.<br>ROBERT P NONINI<br>5875 HARBOR DR<br>COEUR D'ALENE ID 83814<br>USA |               | ROBERT P NONINI<br>5875 HARBOR DR<br>COEUR D'ALENE ID 83814 |         |                  |  |
|                                                                                                                                                        |                  |                                                                                                                                                                    |               | 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      |  |
| DIRECTOR                                                                                                                                               | CATHYANNE NONINI | 5875 W. HARBOR DRIVE                                                                                                                                               | COEUR D'ALENE | ID                                                          | USA     | 83814            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                                                  |               |                                                             |         |                  |  |
| <b>ID<br/>C 120522</b>                                                                                                                                 |                  | Signature: Cathyanne Nonini                                                                                                                                        |               |                                                             |         | Date: 06/09/2014 |  |
|                                                                                                                                                        |                  | Name (type or print): Cathyanne Nonini                                                                                                                             |               |                                                             |         | Title: Director  |  |
| Processed 06/09/2014                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                          |               |                                                             |         |                  |  |