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| No. C 201545 | | Due no later than Mar 31, 2015 | | 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 1. Mailing Address: Correct in this box if needed. SILI GOODNESS, INC. KRISTIN AHMER 1001 S RIVERSIDE HARBOR DR POST FALLS ID 83854 | | KRISTIN AHMER 1001 S RIVERSIDE HARBOR DR POST FALLS 83854 | |
| | | | | 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 | KRISTIN AHMER | 1001 S RIVERSIDE HARBOR DR | POST FALLS | ID | 83854 |
| SECRETARY | KRISTIN AHMER | 1001 S RIVERSIDE HARBOR DR | POST FALLS | ID | 83854 |
| 5. Organized Under the Laws of: DE C 201545 | | 6. Annual Report must be signed.* Signature: Kristin Ahmer Name (type or print): Kristin Ahmer Date: 01/28/2015 Title: President | | | |
| Processed 01/28/2015 | | * Electronically provided signatures are accepted as original signatures. | | | |