

|                                                                                                                                                        |            |                                                                                                                                                            |            |                                                        |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------|---------|-------------|--|
| No. <b>C 100496</b>                                                                                                                                    |            | <b>Due no later than Dec 31, 2016</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>PLASTIC MODEL ENGINEERING, INC.<br>JEFF LANGE<br>4642 W SELWAY AVE<br>POST FALLS ID 83854 |            | JEFF LANGE<br>4642 W SELWAY AVE<br>POST FALLS ID 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 |  |
| TREASURER                                                                                                                                              | MARY LANGE | 4642 W SELWAY AVE                                                                                                                                          | POST FALLS | ID                                                     | USA     | 83854       |  |
| PRESIDENT                                                                                                                                              | JEFF LANGE | 4642 W SELWAY AVE                                                                                                                                          | POST FALLS | ID                                                     | USA     | 83854       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 100496</b>                                                                                          |            | 6. Annual Report must be signed.*<br>Signature: Mary Lange<br>Name (type or print): Mary Lange                                                             |            |                                                        |         |             |  |
| Date: 01/10/2017<br>Title: Sec/Treas                                                                                                                   |            |                                                                                                                                                            |            |                                                        |         |             |  |
| Processed 01/10/2017                                                                                                                                   |            | * Electronically provided signatures are accepted as original signatures.                                                                                  |            |                                                        |         |             |  |