

No. C 204655		Due no later than Jan 31, 2017		Annual Report Form				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		1. Mailing Address: Correct in this box if needed. M D. CHAPMAN, INC. MICHAEL CHAPMAN PO BOX 516 LIBBY MT 59923 USA		MICHAEL CHAPMAN 22918 N MCKENZIE RATHDRUM ID 83858					
				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	MICHAEL CHAPMAN	PO BOX 516	LIBBY	MT	USA	59923			
5. Organized Under the Laws of: MT C 204655		6. Annual Report must be signed.* Signature: Michael Chapman Name (type or print): Michael Chapman Date: 11/26/2016 Title: President							
Processed 11/26/2016		* Electronically provided signatures are accepted as original signatures.							