No. C 151694		Due no later than Nov 30, 2014 2. Registered Agent and Address (NO PO BOX)					
Return to:		Annual Report Form APRIL BEGUESSE					
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed. APRIL BEGUESSE, INC APRIL BEGUESSE 329 S WOODRUFF IDAHO FALLS ID 83401		329 S WOODRUFF IDAHO FALLS 83401 3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	APRIL BEGU 329 S WOOI						
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and B	siness Addresses o	of President, Secretary, and Directors. Treas	surer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT APRIL B	GUESSE	329 S WOODRUFF	IDAHO FALLS	ID	USA	83401	
SECRETARY APRIL BE		329 S WOODRUFF	IDAHO FALLS	ID	USA	83401	
DIRECTOR APRIL BE	GUESSE	329 S WOODRUFF	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of: 6. Annual Rep		ort must be signed.*					
ID	Signature: A	Signature: APRIL BEGUESSE Date: 11/05/2014					
C 151694	Name (type	Name (type or print): APRIL BEGUESSE			Title: PRES		
Processed 11/05/2014	* Electronically provided signatures are accepted as original signatures.						