| No. C 88394 | | Due no later than Jan 31, 2018 | | | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|---|---|--|---------|--|----------------|-------------------|------------------------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | FFERSON SUN 0 LES 20-0080 PO | | Annual Report Form 1. Mailing Address: Correct in this box if needed. SUNSHINE SECRETARIAL SERVICES, INC. LESA D HORROCKS PO BOX 722 POCATELLO ID 83204-0722 | | LESA D HORROCKS 427 N 17TH AVE POCATELLO ID 83201 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Corporations: Enter Names a | and Busine | ess Addresses of Preside | nt, Secretary, and Directors. Tr | easurer | (optional). | | | |
| Office Held Nan | ne | | Street or PO Address | | City | State | Country | Postal Code |
| SECRETARY ELA | ARY ELAINE HORROCKS | | PO BOX 722 427 N 17TH AVE 2622 BRENDA DRIVE | | POCATELLO POCATELLO MESQUITE | ID ID TX | USA USA USA | 83204-0722 83201 75149 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID C 88394 | | Signature: Lesa D Horrocks Name (type or print): Lesa D Horrocks | | | Date: 12/20/2017 Title: President | | | |
| Processed 12/20/2017 | * Electronically provided signatures are accepted as original signatures. | | | | | | | |