| No. C 122041 | | The second secon | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|--|--|-------------------------|---|-------------|----------------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. NIELSEN'S 5, INC. CREGG D NIELSEN 8961 N COMMERCE DR HAYDEN ID 83835 USA | | 8961 N COM HAYDEN ID | CREGG NIELSEN 8961 N COMMERCE DR HAYDEN ID 83835 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | (astronal) | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). | | | | | | | | |
| | Name KAREN A NIELSEN | | Street or PO Address 8961 N COMMERCE DRIVE | City HAYDEN | State ID | Country USA | Postal Code 83835 | |
| The same of the sa | CREGG D NIELSEN | | 8961 N COMMERCE DRIVE | HAYDEN | ID | USA | 83835 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID C 122041 | | Signature: CREGG D NIELSEN | | Date: | Date: 10/27/2016 | | | |
| | | Name (type or print): CREGG D NIELSEN | | Title: | Title: PRESIDENT/OWNER | | | |
| Processed 10/27/2016 | * Electronically provided signatures are accepted as original signatures. | | | | | | | |