

No. W 7697	Annual Report Form 1999 <i>Due No Later Than November 30.</i>	2. Registered Agent and Office NOT A P.O. BOX KIM SCHULTZ REMIEN 1646 WOODRUFF 591 Park Avenue Suite 103 IDAHO FALLS ID 83402												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct KIM SCHULTZ REMIEN, PLLC KIM SCHULTZ REMIEN 1646 WOODRUFF 591 Park Avenue, Suite 103 IDAHO FALLS ID 83402	3. Organized Under the Laws of: ID W 7697												
** FINAL NOTICE **														
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☒ Members (check one)														
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 20%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 10%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 5%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>Kimi Schultz Remien</td> <td>591 Park Ave Suite 103</td> <td>Idaho Falls</td> <td>ID</td> <td>83402</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		Kimi Schultz Remien	591 Park Ave Suite 103	Idaho Falls	ID	83402
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
	Kimi Schultz Remien	591 Park Ave Suite 103	Idaho Falls	ID	83402									
5. <u>New</u> Registered Agent Signature	6. Signature _____ Date <u>11-9-99</u> Name (Typed or Printed) <u>Kimi Schultz Remien</u> Title <u>PLLC</u>													

ISSUED: 10-02-1999

859