No. <b>C 141793</b>		Due no later than Dec 31, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Addre FURNITURE DOCTO LISA FREEMAN 15267 N. HWY 41	Annual Report Form  1. Mailing Address: Correct in this box if needed.  FURNITURE DOCTORS, INC.  LISA FREEMAN		PAUL MALINAUSKAS 15267 N. HWY 41 RATHDRUM ID 83858  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and	Business Addresses of Presi	ident, Secretary, and Directors. Tre	asurer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
•	ELINE S. MALINAUSKAS REEMAN	15267 N. HWY 41 15267 N. HIGHWAY 41	RATHDRUM RATHDRUM	ID ID	USA USA	83858 83858	
5. Organized Under the Laws of:	6. Annual Report mu	ial Report must be signed.*					
<b>ID</b> Signature:		SA FREEMAN		Date: 12/13/2016			
C 141793	Name (type or prir	Name (type or print): LISA FREEMAN		Title: OWNER			
Processed 12/13/2016	* Electronically provided signatures are accepted as original signatures.						