| No. <b>C 200695</b>                                                                            |                 |                                                                                        |                                        | 2         | 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.                 |                                        | d.        | MIKE STANDLEE  22349 KIMBERLY RD STE E  KIMBERLY 83341-8332  3. New Registered Agent Signature:* |                 |            |             |
|                                                                                                |                 | STANDLEE TRADING IC-DISC, INC. MIKE STANDLEE 22349 KIMBERLY RD STE E KIMBERLY ID 83341 |                                        | -         |                                                                                                  |                 |            |             |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE                                                       |                 | KIMBERLT ID 63341                                                                      |                                        |           | . <u>New</u> Regist                                                                              | ered rigerie or | griatar e. |             |
| 4. Corporations: Enter N                                                                       | lames and Busin | ess Addresses of Pres                                                                  | sident, Secretary, and Directors. Trea | asurer (o | ptional).                                                                                        |                 |            |             |
| Office Held                                                                                    | Name            |                                                                                        | Street or PO Address                   |           | City                                                                                             | State           | Country    | Postal Code |
| PRESIDENT                                                                                      | MIKE STANDLEE   |                                                                                        | 826 SOUTH 1700 EAST                    |           | EDEN                                                                                             | ID              | USA        | 83325       |
| 5. Organized Under the Laws of:                                                                |                 | 6. Annual Report must be signed.*                                                      |                                        |           |                                                                                                  |                 |            |             |
| ID<br>C 200695                                                                                 |                 | Signature: Lisa Nelson                                                                 |                                        |           | Date: 11/28/2014                                                                                 |                 |            |             |
|                                                                                                |                 | Name (type or print): Lisa Nelson                                                      |                                        |           | Title: Accounting Mgr                                                                            |                 |            |             |
| Processed 11/28/2014 * Electronically provided signatures are accepted as original signatures. |                 |                                                                                        |                                        |           |                                                                                                  |                 |            |             |