No. C 183424		Due no later than Jun 30, 2016 Annual Report Form	Registered Agent and Address (NO PO BOX) LOUIS ROANE JR 213 DEER CREEK RD OROFINO ID 83544 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. MIKE CLAUSEN MOH # 305, INC. RON K GRAY PO BOX 413 LEWISTON ID 83501-0413				
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
SECRETARY	RON GRAY	PO BOX 413	LEWISTON	ID	USA	83501
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Ron Gray	Date: 04/29/2016			
C 183424		Name (type or print): Ron Gray	Title: Dog Robber			
Processed 04/29/2016 * Electronically provided signatures are accepted as original signatures.						