		Annual Report Form	MICHAELI			
No. C 52322  Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF		Due no later than Oct 31, 2014 Annual Report Form  1. Mailing Address: Correct in this box if needed.  ALLOWAY ELECTRIC CO., INC. BRET VATERLAUS 502 E 45TH ST. GARDEN CITY ID 83714		2. Registered Agent and Address (NO PO BOX)  MICHAEL L JOHNSON  502 E 45TH ST.  GARDEN CITY 83714  3. New Registered Agent Signature:*		
	ess Addresses of P			Chaha	Country	Death Code
office Held Name  RESIDENT BRET VATERLAUS  ECRETARY MILES ELLETSON  RECTOR RAY OLSON  ICE PRESIDENT MICHAEL JOHNSON		6323 W. BARON LN. 611 PALMETTO DR 5630 NORTHWALL PL. 5745 N. TEN MILE RD.	BOISE EAGLE BOISE MERIDIAN	ID ID ID ID ID	USA USA USA USA USA	Postal Code 83703 83616 83703 83646
ID Signature: Do C 52322 Name (type or		na Clymer print): Donna Clymer	Tit	Date: 10/16/2014 Title: Office Manager		
	and Busine me ET VATER LES ELLET Y OLSON CHAEL JO	BRET VATERLA 502 E 45TH ST GARDEN CITY  TE  and Business Addresses of P me ET VATERLAUS LES ELLETSON Y OLSON CHAEL JOHNSON  of: 6. Annual Report Signature: Don Name (type or	BRET VATERLAUS 502 E 45TH ST. GARDEN CITY ID 83714  TE  and Business Addresses of President, Secretary, and Directors. Trea me Street or PO Address ET VATERLAUS 6323 W. BARON LN. LES ELLETSON 611 PALMETTO DR Y OLSON 5630 NORTHWALL PL. CHAEL JOHNSON 5745 N. TEN MILE RD.  of: 6. Annual Report must be signed.* Signature: Donna Clymer Name (type or print): Donna Clymer	BRET VATERLAUS 502 E 45TH ST. GARDEN CITY ID 83714  and Business Addresses of President, Secretary, and Directors. Treasurer (optional).  me Street or PO Address City  ET VATERLAUS 6323 W. BARON LN. BOISE LES ELLETSON 611 PALMETTO DR EAGLE Y OLSON 5630 NORTHWALL PL. BOISE CHAEL JOHNSON 5745 N. TEN MILE RD.  MERIDIAN  of: 6. Annual Report must be signed.* Signature: Donna Clymer  Da	BRET VATERLAUS 502 E 45TH ST. GARDEN CITY ID 83714  3. New Registered Agent S  TE  and Business Addresses of President, Secretary, and Directors. Treasurer (optional).  me Street or PO Address City State  ET VATERLAUS 6323 W. BARON LN. BOISE ID LES ELLETSON 611 PALMETTO DR FAGLE ID Y OLSON 5630 NORTHWALL PL. BOISE ID CHAEL JOHNSON 5745 N. TEN MILE RD.  MERIDIAN ID  of: 6. Annual Report must be signed.* Signature: Donna Clymer Date: 10/16/20 Name (type or print): Donna Clymer Title: Office M	BRET VATERLAUS 502 E 45TH ST. GARDEN CITY ID 83714  3. New Registered Agent Signature:*  TE  and Business Addresses of President, Secretary, and Directors. Treasurer (optional).  me Street or PO Address City State Country  ET VATERLAUS 6323 W. BARON LN. BOISE ID USA LES ELLETSON 611 PALMETTO DR EAGLE ID USA Y OLSON 5630 NORTHWALL PL. BOISE ID USA CHAEL JOHNSON 5745 N. TEN MILE RD.  MERIDIAN ID USA  of: 6. Annual Report must be signed.* Signature: Donna Clymer Date: 10/16/2014 Name (type or print): Donna Clymer Title: Office Manager