

No. <b>C 56623</b>		<b>Due no later than Oct 31, 2013</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  SQUIRES BRICK, INC. TOM D SQUIRES 3410 N. JUSTIN AVE. MERIDIAN ID 83646-5367 USA		TOM SQUIRES 3410 N. JUSTIN AVE. MERIDIAN ID 83646-5367			
						3. <u>New</u> Registered Agent Signature:*	
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	
DIRECTOR	DOUGLAS R SQUIRES	P.O. BOX 243	REXBURG	ID	USA	83440	
TREASURER	JUDD H SQUIRES	P.O. BOX 177	TETON CITY	ID	USA	83451	
SECRETARY	JUDD H SQUIRES	P.O. BOX 177	TETON CITY	ID	USA	83451	
PRESIDENT	TOM D SQUIRES	3410 N. JUSTIN AVE	MERIDIAN	ID	USA	83646-5367	
5. Organized Under the Laws of:  <b>ID</b> <b>C 56623</b>		6. Annual Report must be signed.*  Signature: Tom Squires Name (type or print): Tom Squires					
		Date: 08/15/2013 Title: President					
Processed 08/15/2013		* Electronically provided signatures are accepted as original signatures.					