


| No. C 210610 | Due no later than Jul 31, 2017 Annual Report Form | | 2. Registered Agent and Office (NOT A P.O. BOX) EAGLE LAW CENTER, LLC 1191 E IRON EAGLE DR STE 200 EAGLE ID 83616 | | | | | | | | | | | | | | |
|---|--|------------------------|--|---|---------|----------------------|------|-------|---------|-------------|-----------|----------------|------------------------|-------|----|-----|-------|
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. REDWIND PRODUCTIONS, INC. BRIAN JAMIESON 1617 N DRAGONFLY PL EAGLE ID 83616 | | 3. <u>New</u> Registered Agent Signature. | | | | | | | | | | | | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Office Held</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>BRIAN JAMIESON</td> <td>1617 N DRAGONFLY PLACE</td> <td>EAGLE</td> <td>ID</td> <td>USA</td> <td>83616</td> </tr> </tbody> </table> | | | | Office Held | Name | Street or PO Address | City | State | Country | Postal Code | PRESIDENT | BRIAN JAMIESON | 1617 N DRAGONFLY PLACE | EAGLE | ID | USA | 83616 |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | |
| PRESIDENT | BRIAN JAMIESON | 1617 N DRAGONFLY PLACE | EAGLE | ID | USA | 83616 | | | | | | | | | | | |
| 5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO C 210610 </div> | 6. Signature:  <hr/> Name (type or print): BRIAN JAMIESON | | | Date: 5-23-17 <hr/> Title: PRESIDENT | | | | | | | | | | | | | |

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM