

No. C 176685		Due no later than Jan 31, 2013 <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		1. Mailing Address: Correct in this box if needed.  LEAP CHARITIES, INC. BARTON C COCHRAN PO BOX 671 BOISE ID 83701-0671 USA		BARTON COCHRAN 1520 N 6TH ST BOISE ID 83702			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	
PRESIDENT	BARTON COCHRAN	PO BOX 671	BOISE	ID	USA	83701-0671	
DIRECTOR	MATT REININGER	PO BOX 671	BOISE	ID	USA	83701-0671	
DIRECTOR	TRACY COCHRAN	PO BOX 671	BOISE	ID	USA	83701-0671	
5. Organized Under the Laws of:  <b>ID</b> <b>C 176685</b>		6. Annual Report must be signed.*  Signature: Barton Cochran Name (type or print): Barton Cochran					
		Date: 12/22/2012 Title: President					
Processed 12/22/2012      * Electronically provided signatures are accepted as original signatures.							