

No. C 179877		Due no later than Aug 31, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. CHAROLAIS CARE IV, INC. ROBERT V DELOACH 275 S 5TH LOWER LEVEL POCATELLO ID 83201 USA		BROBERT V DELOACH 275 S 5TH AVE LOWER LEVEL POCATELLO ID 83201			
						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	JIM EVERTON	2624 WILD HORSE RIDGE	POCATELLO	ID	USA	83204	
TREASURER	ROBERT V DELOACH	525 POOLE	POCATELLO	ID	USA	83201	
DIRECTOR	LEWIS CHANDLER	4910 JOHNNY CREEK	POCATELLO	ID	USA	83204	
5. Organized Under the Laws of: ID C 179877		6. Annual Report must be signed.* Signature: Jim Everton Name (type or print): Jim Everton Date: 06/09/2014 Title: President					
Processed 06/09/2014 * Electronically provided signatures are accepted as original signatures.							