No. C 176685		Due no later than Jan 31, 2017			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			BARTON COCHRAN 1220 S VISTA AVE BOISE ID 83705 3. New Registered Agent Signature:*			
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. BART C COCHRAN 1220 S VISTA AVE BOISE ID 83705 USA						
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter N	lames and Busin	ess Addresses of Presiden	t, Secretary, and Directors. Treas	surer (c	optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PRESIDENT VICE PRESIDENT SECRETARY	BART COCH CHAD HANS BART COCH	EN	1220 S VISTA AVE 1220 S VISTA AVE 1220		BOISE BOISE BOISE	ID ID ID	USA USA USA	83705 83705 83705
5. Organized Under the Laws of: ID C 176685		6. Annual Report must be signed.* Signature: Bart Cochran Name (type or print): Bart Cochran				Date: 12/3		
Processed 12/30/2016 * Electronically provided signatures are accepted as original signatures.								