No. **C 205491**	**Due no later than Apr 30, 2016** **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.** SOULEBRATION, INC LAQUETA MYERS 618 E ROSEMARY DR KUNA ID 83634	LAQUETA MEYERS 618 E ROSEMARY DR KUNA ID 83634 3. New 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	EARLENE TAYLOR	815 HARMON WAY	MIDDLETON	ID		83644
DIRECTOR	KATHY SAFAR-FASHANDI	120 HELM DR	HORSESHOE BEND	ID		83629
DIRECTOR	CONNIE J HARTIGAN	10282 W GRANGER AVE	BOISE	ID		83704

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 205491**	Signature: LaQueta Myers	Date: 05/21/2016
	Name (type or print): LaQueta Myers	Title: Owner

Processed 05/21/2016

* Electronically provided signatures are accepted as original signatures.