| No. C 111806 | | | 2. Reg | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--|---|-----------------|--|---------|-------------|--|
| Return to: | to: Annual Report Form | | STU | STUART BACKSTATTER | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | KETCHUM MARI STUART BACKS PO BOX 2831 | 1. Mailing Address: Correct in this box if needed. KETCHUM MARITIME ACADEMY, INC. STUART BACKSTATTER PO BOX 2831 KETCHUM ID 83340 | | 1851 NORTHRIDGE DRIVE HAILEY ID 83333 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Corporations: Enter Names and | Business Addresses of Pr | resident, Secretary, and Directors. Tre | easurer (option | al). | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT STUAR | F BACKSTATTER | PO BOX 2831 | KETO | CHUM ID | USA | 83340 | |
| 5. Organized Under the Laws of: | rganized Under the Laws of: 6. Annual Report must be signed.* | | | | | | |
| ID | Signature: S. B | Signature: S. Backstatter | | Date: 08/31/2018 | | | |
| C 111806 | Name (type or p | Name (type or print): S. Backstatter | | Title: President | | | |
| Processed 08/31/2018 | * Electronically pro | * Electronically provided signatures are accepted as original signatures. | | | | | |