

|                                                                                                                                                        |                  |                                                                                                                                                                          |        |                                                           |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------|---------|-------------|--|
| No. <b>C 135680</b>                                                                                                                                    |                  | <b>Due no later than Sep 30, 2016</b>                                                                                                                                    |        | <b>2. Registered Agent and Address (NO PO BOX)</b>        |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>IDAHO PRE-CUT HOMES, INC.<br>JAMES S. SALNAVE<br>2095 HAW CREEK CIRCLE<br>PO BOX 665<br>EMMETT ID 83617 |        | JAMES SALNAVE<br>2095 HAW CREEK CIRCLE<br>EMMETT ID 83617 |         |             |  |
|                                                                                                                                                        |                  |                                                                                                                                                                          |        | 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                                                                                                                                              | JAMES S. SALNAVE | 2095 HAW CREEK CIRCLE P.O. BOX 665                                                                                                                                       | EMMETT | ID                                                        | USA     | 83617       |  |
| SECRETARY                                                                                                                                              | LINDA L. SALNAVE | 2095 HAW CREEK CIRCLE P.O. BOX 665                                                                                                                                       | EMMETT | ID                                                        | USA     | 83617       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 135680</b>                                                                                          |                  | 6. Annual Report must be signed.*<br>Signature: James Salnave<br>Name (type or print): James Salnave<br>Date: 07/25/2016<br>Title: President                             |        |                                                           |         |             |  |
| Processed 07/25/2016                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                                |        |                                                           |         |             |  |