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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------|---------|------------------|--|----------------------------------------------------|--|
| No. <b>C 150266</b>                                                                                                                                    |               | <b>Due no later than Aug 31, 2014</b>                                                                                                                       |             | <b>Annual Report Form</b>                                 |         |                  |  | 2. Registered Agent and Address <b>(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>JAK'S REFINISHING CORPORATION<br>CHRIS HANSEN<br>4057 CHINDEN BLVD<br>GARDEN CITY ID 83714 |             | CHRIS HANSEN<br>4057 CHINDEN BLVD<br>GARDEN CITY ID 83714 |         |                  |  | 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      |  |                                                    |  |
| SECRETARY                                                                                                                                              | LOUISE HANSEN | 4057 CHINDEN BLVD                                                                                                                                           | GARDEN CITY | I                                                         | USA     | 83714            |  |                                                    |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                                                                                                           |             |                                                           |         |                  |  |                                                    |  |
| <b>ID<br/>C 150266</b>                                                                                                                                 |               | Signature: Louise Hansen                                                                                                                                    |             |                                                           |         | Date: 06/17/2014 |  |                                                    |  |
|                                                                                                                                                        |               | Name (type or print): Louise Hansen                                                                                                                         |             |                                                           |         | Title: Secretary |  |                                                    |  |
| Processed 06/17/2014                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                   |             |                                                           |         |                  |  |                                                    |  |