

|                                                                                                                                                        |                  |                                                                                                                                              |        |                                                    |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------|------------------|-------------|--|
| No. <b>C 159068</b>                                                                                                                                    |                  | <b>Due no later than Feb 28, 2017</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>LOWMAN LOG WORKS INC.<br>WADE D OVERLIE<br>11 VICTORY LN<br>LOWMAN ID 83637 |        | WADE D OVERLIE<br>11 VICTORY LN<br>LOWMAN ID 83637 |                  |             |  |
|                                                                                                                                                        |                  |                                                                                                                                              |        | 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                                                                                                                                              | SHELLY A OVERLIE | 11 VICTORY LANE                                                                                                                              | LOWMAN | ID                                                 | USA              | 83637       |  |
| PRESIDENT                                                                                                                                              | WADE D. OVERLIE  | 11 VICTORY LANE                                                                                                                              | LOWMAN | ID                                                 | USA              | 83637       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                            |        |                                                    |                  |             |  |
| <b>ID<br/>C 159068</b>                                                                                                                                 |                  | Signature: Shelly Overlie                                                                                                                    |        |                                                    | Date: 02/16/2017 |             |  |
|                                                                                                                                                        |                  | Name (type or print): Shelly Overlie                                                                                                         |        |                                                    | Title: Secretary |             |  |
| Processed 02/16/2017                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                    |        |                                                    |                  |             |  |