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|--|-----------------|--|------------|--|---------|-------------|--|
| No. C 202959 | | Due no later than Aug 31, 2016 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. R.S. DIST. INC. ROBERT L SCOVEL 3227 E 3225 N TWIN FALLS ID 83301-0551 USA | | ROBERT L SCOVEL 3227 E 3225 N TWIN FALLS ID 83301-0551 | | | |
| | | | | 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 | ROBERT L SCOVEL | 3227 E 3225 N | TWIN FALLS | ID | USA | 83301-0551 | |
| 5. Organized Under the Laws of: ID C 202959 | | 6. Annual Report must be signed.* Signature: Robert L Scovel Name (type or print): Robert L Scovel Date: 08/29/2016 Title: President | | | | | |
| Processed 08/29/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | | |