

|   |                 |  |            |  |         |             |  |
|---|-----------------|--|------------|--|---------|-------------|--|
| No. C 202959  |                 | Due no later than Aug 31, 2016<br><b>Annual Report Form</b>  |            | 2. Registered Agent and Address ( <b>NO PO BOX</b> )         |         |             |  |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080                |                 | 1. Mailing Address: Correct in this box if needed.<br><br>R.S. DIST. INC.<br>ROBERT L SCOVEL<br>3227 E 3225 N<br>TWIN FALLS ID 83301-0551<br>USA         |            | ROBERT L SCOVEL<br>3227 E 3225 N<br>TWIN FALLS ID 83301-0551 |         |             |  |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>  |                 |  |            | 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:<br><br><b>ID<br/>C 202959</b>   |                 | 6. Annual Report must be signed.*<br><br>Signature: Robert L Scovel<br>Name (type or print): Robert L Scovel<br><br>Date: 08/29/2016<br>Title: President |            |  |         |             |  |
| Processed 08/29/2016 * Electronically provided signatures are accepted as original signatures.                    |                 |  |            |  |         |             |  |