No. C 113039	Due no later than Dec 31, 2013		2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form 1. Mailing Address: Correct in this box if needed. ULS SERVICES CORPORATION MICHAEL W BENEDICT P O BOX 724		MICHAEL W BENEDICT 6742 W BUCKSKIN RD POCATELLO ID 83203 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080						
NO FILING FEE IF RECEIVED BY DUE DATE	POCATELLO ID 83204		J. <u>New</u> Registere	a Agent 31	gnature.	
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 MICHAEL W	BENEDICT 6742 W. BUC	KSKIN RD.	POCATELLO	ID	USA	83201
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID	Signature: Christy Osborn		Date: 11/08/2013			
C 113039	C 113039 Name (type or print): Christy Osborn		Title: Accounting Manager			
Processed 11/08/2013	* Electronically provided signatures are accepted as original signatures.					