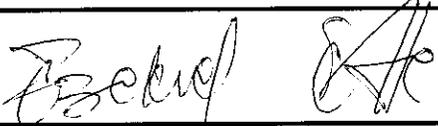


No. C 193800	Due no later than Feb 28, 2013 Annual Report Form		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address: Correct in this box if needed. ATI-ANNANG USA INC. 1920 MICHELLE DR NAMPA ID 83651		DR EZEKIEL ETTE 1920 MICHELLE DR NAMPA ID 83651  3. <u>New</u> Registered Agent Signature.														
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Chairman Director</td> <td>Ezekiel Ette</td> <td>1920 Michelle Dr</td> <td>Nampa</td> <td>ID</td> <td></td> <td>83651</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Chairman Director	Ezekiel Ette	1920 Michelle Dr	Nampa	ID		83651
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
Chairman Director	Ezekiel Ette	1920 Michelle Dr	Nampa	ID		83651											
5. Organized Under the Laws of:  IDAHO C 193800	6. Signature:  Name (type or print): <u>EZEKIEL ETTE</u>		Date: <u>12/31/12</u> Title: <u>CHAIRMAN</u>														

Issued 12/31/2012 by DK1

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INSTRUCTIONS FOR THE FRANCHISE REGISTRATION REPORT