

No. C 180398		Due no later than Oct 31, 2013 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. CHAROLAIS CARE V, INC ROBERT V DELOACH 275 S 5TH AVE, LOWER LEVEL POCATELLO ID 83201 USA		ROBERT V DELOACH 275 S 5TH AVE, LOWER LEVEL POCATELLO ID 83201			
						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	
DIRECTOR	LEWIS CHANDLER	4910 JOHNNY CREEK	POCATELLO	ID	USA	83201	
TREASURER	ROBERT V DELOACH	525 POOLE	POCATELLO	ID	USA	83201	
PRESIDENT	JIM EVERTON	2624 WILD HORSE RIDGE	POCATELLO	ID	USA	83204	
5. Organized Under the Laws of: ID C 180398		6. Annual Report must be signed.* Signature: Jim Everton Name (type or print): Jim Everton					
		Date: 08/13/2013 Title: President					
Processed 08/13/2013		* Electronically provided signatures are accepted as original signatures.					