No. C 179164 Return to:		Due no later than Jun 30, 2018 Annual Report Form		Registered Agent and Address (NO PO BOX) MARILYN DIEHL			
NO FILING FEE IF RECEIVED BY DUE DATE		PO BOX 623 IONA ID 83427 USA		3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter N	lames and Busin	ness Addresses of Pre	esident, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR			3753 N. IONA RD. P.O. BOX 321	IONA	ID	USA	83427
FREASURER BETTY MCKINL			5315 E OWENS AVE P. O. BOX 623	IONA	ID	USA	83427
SECRETARY	BETTY MCK	INLAY	5315 E. OWENS P. O. BOX 623	IONA	ID	USA	83427
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Betty McKinlay		Date: 05/30/2018			
C 179164		Name (type or print): Betty McKinlay		Title: Sec/Treasurer			
		* Floatronically prov	vided signatures are accepted as original sig	inaturos			