No. C 61086	Due no later than May 31, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:		nnual Report Form		ANDREA BECKETT		
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. WILLIAMS ASSOCIATES, INC. BARBARA C WILLIAMS 1002 HOG TOMMY ROAD #9		535 SUNSET DR MOSCOW ID 83843 3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080						
NO FILING FEE IF SPRING RECEIVED BY DUE DATE		NG CREEK NV 89815				
4. Corporations: Enter Names and Busi	iness Addresses of Pr	esident, Secretary, and Directors. Treasure	er (optional).			
Office Held Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR BARBARA C WILLIAMS		1002 HOG TOMMY ROAD #9	SPRING CREEK	NV	USA	89815
SECRETARY ANDREA L BECKETT		535 SUNSET DRIVE	MOSCOW	ID	USA	83843
PRESIDENT BARBARA (C WILLLIAMS	1002 HOG TOMMY ROAD #9	SPRING CREEK	NV	USA	89815
5. Organized Under the Laws of: 6. Annual Report		nust be signed.*				
ID Signature: Bar		bara C. Williams Date: 07/11/2017				
C 61086 Name (type or		orint): Barbara C. Williams	Title: President			
Processed 07/11/2017	* Electronically provided signatures are accepted as original signatures.					