No. C 191103		Due no later than May 31, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. ABSOLUTE FOAM INSULATION SYSTEMS, INC. DAVID N KEARSLEY PO BOX 1044 VICTOR ID 83455		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				7879 S 27 VICTOR I	BENJAMIN A KEARSLEY 7879 S 2750 W VICTOR ID 83455 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		A 1.1		(-1:1)	•			
4. Corporations: Enter Names and Business Ad Office Held Name		ess Addresses of	Street or PO Address	Surer (optional). City	State	Country	Postal Code	
SECRETARY PRESIDENT	SHAYLEE L BENJAMIN A		7879 S 2750 W 7879 S 2750 W	VICTOR VICTOR	ID ID	USA USA	83455 83455	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 191103		Signature: Da		Date: 03/27/2018				
		Name (type o		Title: Preparer				
Processed 03/27/2018		* Electronically p	provided signatures are accepted as origina	al signatures.				