

|                                                                                                                                                        |                    |                                                                                                                                               |         |                                                            |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------------------------------|---------|-------------|--|
| No. <b>C 185140</b>                                                                                                                                    |                    | <b>Due no later than Nov 30, 2015</b>                                                                                                         |         | 2. Registered Agent and Address <b>(NO PO BOX)</b>         |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                    | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>D.P. ANDERSON COMPANY<br>DENNIS P. ANDERSON<br>PO BOX 29<br>NORDMAN ID 83848 |         | DENNIS P ANDERSON<br>429 HEAVENLY LANE<br>NORDMAN ID 83848 |         |             |  |
|                                                                                                                                                        |                    |                                                                                                                                               |         | 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 |  |
| PRESIDENT                                                                                                                                              | DENNIS P. ANDERSON | PO BOX 29                                                                                                                                     | NORDMAN | ID                                                         | USA     | 83848       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 185140</b>                                                                                          |                    | 6. Annual Report must be signed.*<br>Signature: D.P. Anderson<br>Name (type or print): D.P. Anderson<br>Date: 09/21/2015<br>Title: President  |         |                                                            |         |             |  |
| Processed 09/21/2015                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                     |         |                                                            |         |             |  |