

No. C 125090	Due no later than Aug 31, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) WUDNEH ADMASSU 254 SUNRISE DR MOSCOW ID 83843																					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. ZELFIWU INC. WUDNEH ADMASSU 254 SUNRISE DR MOSCOW ID 83843		3. <u>New</u> Registered Agent Signature.																					
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Office Held</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Wudneh Admassu</td> <td>254 sunrise Dr.</td> <td>MOSCOW</td> <td>ID</td> <td>Latah</td> <td>83843</td> </tr> <tr> <td>Secretary</td> <td>Elizabeth Lemma</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Wudneh Admassu	254 sunrise Dr.	MOSCOW	ID	Latah	83843	Secretary	Elizabeth Lemma	"	"	"	"	"
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Secretary	Elizabeth Lemma	"	"	"	"	"																		
5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO C 125090 </div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>Wudneh Admassu</u> </td> <td style="width: 40%;"> Date: <u>8/3/2017</u> </td> </tr> <tr> <td> Name (type or print): <u>Wudneh Admassu</u> </td> <td> Title: <u>President</u> </td> </tr> </table>		Signature: <u>Wudneh Admassu</u>	Date: <u>8/3/2017</u>	Name (type or print): <u>Wudneh Admassu</u>	Title: <u>President</u>																	
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM