

No. C 183119		Due no later than May 31, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. CHAROLAIS CARE VIII, INC JIM EVERTON 275 S 5TH AVE. LOWER LEVEL POCATELLO ID 83201		JIM EVERTON 275 S 5TH AVE LOWER LEVEL POCATELLO ID 83201			
				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	JIM EVERTON	2624 WILD HORSE RIDGE	POCATELLO	ID	USA	83204	
5. Organized Under the Laws of: ID C 183119		6. Annual Report must be signed.* Signature: Jim Everton Name (type or print): Jim Everton Date: 03/21/2016 Title: President					
Processed 03/21/2016		* Electronically provided signatures are accepted as original signatures.					