

No. C 109078		Due no later than Jan 31, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. PROMISES, INC. C/O THOMAS W CALLERY PO BOX 854 LEWISTON ID 83501		THOMAS W CALLERY 1304 IDAHO LEWISTON ID 83501			
				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	
SECRETARY	JAMIE C SHROPSHIRE	3032 MAYFAIR DRIVE	LEWISTON	ID	USA	83501	
PRESIDENT	THOMAS A SHROPSHIRE	3032 MAYFAIR DRIVE	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 109078		Signature: Thomas A. Shropshire				Date: 11/20/2013	
		Name (type or print): Thomas A. Shropshire				Title: President	
Processed 11/20/2013		* Electronically provided signatures are accepted as original signatures.					