| No. <b>C 200699</b> Return to:   |                       | Due no later than Jan 31, 2017 Annual Report Form  |   | 2. Registered Agent and Address (NO PO BOX)  JEREMY L GOODING CPA       |                  |       |         |             |
|--|-----------------------|--|---|---|------------------|-------|---------|-------------|
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080               |                       | 1. Mailing Address: Correct in this box if needed.  JL GOODING CPAS, P.C. PO BOX 145 TWIN FALLS ID 83303 |   | 320 MAIN AVE N TWIN FALLS ID 83301  3. New Registered Agent Signature:* |                  |       |         |             |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |                       |  |   |   |                  |       |         |             |
| 4. Corporations: Enter Nan   | nes and Busin         | ess Addresses of F   | President, Secretary, and Directors. Tr | reasurer (  | optional).       |       |         |             |
| Office Held  | Name                  |  | Street or PO Address                    |   | City             | State | Country | Postal Code |
| PRESIDENT  | DENT JEREMY L GOODING |  | PO BOX 145                              |   | TWIN FALLS       | ID    | USA     | 83303-0145  |
| 5. Organized Under the Laws of:  |                       | 6. Annual Report must be signed.*  |   |   |                  |       |         |             |
| ID   |                       | Signature: JEREMY L GOODING  |   |   | Date: 12/08/2016 |       |         |             |
| C 200699   |                       | Name (type or print): JEREMY L GOODING   |   |   | Title: PRESIDENT |       |         |             |
| Processed 12/08/2016 * Electronically provided signatures are accepted as original signatures. |                       |  |   |   |                  |       |         |             |