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|--|-----------------------|--|---------|---|---------|-------------|--|
| No. C 103263 | | Due no later than Sep 30, 2011 | | 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. RAGE, INC. DR RODNEY E EVANS DVM 111 LEESBURG LANE CHALLIS ID 83226-4919 USA | | DR RODNEY E EVANS DVM US HWY 93 SO & 11TH ST CHALLIS ID 83226 | | | |
| | | | | 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 | |
| DIRECTOR | DAVID PHILPS | HC 63 BOX 1631 | CHALLIS | ID | USA | 83226 | |
| PRESIDENT | DR RODNEY E EVANS DVM | 111 LEESBURG LANE | CHALLIS | ID | USA | 83226 | |
| SECRETARY | EILEEN HARDY | PO BOX 39 | CHALLIS | ID | USA | 83226-0039 | |
| DIRECTOR | RYAN HUGHES | HC 61 BOX 3054 | CHALLIS | ID | USA | 83226-0039 | |
| DIRECTOR | BOB PIVA | HC 63 BOX 1641 | CHALLIS | ID | USA | 83226 | |
| 5. Organized Under the Laws of: ID C 103263 | | 6. Annual Report must be signed.* Signature: Rodney E Evans DVM Name (type or print): Rodney E Evans DVM Date: 07/29/2011 Title: President | | | | | |
| Processed 07/29/2011 | | * Electronically provided signatures are accepted as original signatures. | | | | | |