

|                                                                                                                                                        |           |                                                                                                                                        |       |                                                    |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------|------------------|--|
| No. <b>C 127353</b>                                                                                                                                    |           | <b>Due no later than Jan 31, 2017</b>                                                                                                  |       | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |           | <b>1. Mailing Address: Correct in this box if needed.</b><br>CROW & ASSOCIATES, CHTD<br>MIKE CROW<br>1204 6TH ST. N.<br>NAMPA ID 83687 |       | MICHAEL CROW<br>1204 6TH ST. N.<br>NAMPA ID 83687  |         |                  |  |
|                                                                                                                                                        |           |                                                                                                                                        |       | 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                                                                                                                                              | MIKE CROW | 1204 6TH ST. N.                                                                                                                        | NAMPA | ID                                                 | USA     | 83687            |  |
| 5. Organized Under the Laws of:                                                                                                                        |           | 6. Annual Report must be signed.*                                                                                                      |       |                                                    |         |                  |  |
| <b>ID<br/>C 127353</b>                                                                                                                                 |           | Signature: Michael Crow                                                                                                                |       |                                                    |         | Date: 11/30/2016 |  |
|                                                                                                                                                        |           | Name (type or print): Michael Crow                                                                                                     |       |                                                    |         | Title: President |  |
| Processed 11/30/2016                                                                                                                                   |           | * Electronically provided signatures are accepted as original signatures.                                                              |       |                                                    |         |                  |  |