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| No. C 60114 | Due no later than Jan 31, 2017 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. SNAKE RIVER AUTO BODY, INC. PHIL SEVERANCE 283 TROTTER DR TWIN FALLS ID 83301 | PHIL SEVERANCE 283 TROTTER DR TWIN FALLS ID 83301 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 | PHIL E SEVERANCE | 283 TROTTER DR. | TWIN FALLS | ID | USA | 83301 |
| SECRETARY | DONNA M SEVERANCE | 283 TROTTER DR. | TWIN FALLS | ID | USA | 83301 |
| 5. Organized Under the Laws of: ID C 60114 | 6. Annual Report must be signed.* Signature: Phil Severance Name (type or print): Phil Severance | | Date: 11/28/2016 Title: President | | | |
| Processed 11/28/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | |