No. **C 192217**	**Due no later than Sep 30, 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.** SHAWNA M. HOWE, CPA, PC SHAWNA HOWE 457 BLUE LAKES BLVD SOUTH TWIN FALLS ID 83301	SHAWNA M HOWE 457 BLUE LAKES BLVD SOUTH TWIN FALLS ID 83301 3. New 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	SHAWNA HOWE	457 BLUE LAKES BLVD. SOUTH	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 192217**	Signature: Shawna Howe	Date: 08/14/2017
	Name (type or print): Shawna Howe	Title: President

Processed 08/14/2017

* Electronically provided signatures are accepted as original signatures.