No. <b>C 147870</b>		Due	2. Registered A	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		ROBERT CL	ROBERT CLINE 1901 EDGEMONT EMMETT 83617  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. LIGHTNING BEAR CONSULTING, INC. ROBERT CLINE 1901 EDGEMONT EMMETT ID 83617		N 200 200 100 100 100 100 100 100 100 100				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Nam	nes and Busin	ess Addresses of P	resident, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	ROBERT A	CLINE	P.O. BOX 192	EAGLE	ID	USA	83616	
DIRECTOR		A THOMPSON	27121 N 57TH LN	PHOENIX	AZ	USA	85083	
SECRETARY	TRAVIS C T	THOMPSON	27121 N 57TH LN	PHOENIX	AZ	USA	85083	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Robert Cline			Date: 02/17/2015			
C 147870		Name (type or		Title: President				
Processed 02/17/2015 * Electronically provided signatures are accepted as original signatures.								