

|  |                |  |           |  |         |             |  |
|--|----------------|--|-----------|--|---------|-------------|--|
| No. <b>C 180398</b>  |                | <b>Due no later than Oct 31, 2016</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>CHAROLAIS CARE V, INC<br>JIM EVERTON<br>275 S 5TH AVE, LOWER LEVEL<br>POCATELLO ID 83201 |           | JAMES B EVERTON<br>275 S 5TH AVE LOWER LEVEL<br>POCATELLO ID 83201 |         |             |  |
|  |                |  |           | 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   | LEWIS CHANDLER | 4910 JOHNNY CREEK  | POCATELLO | ID   | USA     | 83201       |  |
| PRESIDENT  | JIM EVERTON    | 2624 WILD HORSE RIDGE  | POCATELLO | ID   | USA     | 83204       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 180398</b>  |                | 6. Annual Report must be signed.*<br>Signature: Jim Everton<br>Name (type or print): Jim Everton<br>Date: 08/29/2016<br>Title: President   |           |  |         |             |  |
| Processed 08/29/2016   |                | * Electronically provided signatures are accepted as original signatures.  |           |  |         |             |  |