

No. C 201430		Due no later than Mar 31, 2016 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. SCHMIDT CUSTOM SPRAYING, INC. LONNIE W SCHMIDT 3725 N 1600 E BUHL ID 83316		LONNIE W SCHMIDT 3725 N 1600 E BUHL ID 83316			
						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	LONNIE SCHMIDT	3725 N 1600 E	BUHL	ID	USA	83316	
SECRETARY	LEESA SCHMIDT	3725 N 1600 E	BUHL	ID	USA	83316	
5. Organized Under the Laws of: ID C 201430		6. Annual Report must be signed.* Signature: Lonnie Schmidt Name (type or print): Lonnie Schmidt					
Processed 01/16/2016		* Electronically provided signatures are accepted as original signatures. Date: 01/16/2016 Title: President					