

| No. C 130925 | | Due no later than Oct 31, 2011 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. KODIAK TAXIDERMY STUDIO, INC. SANDRA MALAISE 10040 W HIGHLANDER BOISE ID 83709 USA | | ALLEN MALAISE 10040 W HIGHLANDER BOISE ID 83709 | | | |
| | | | | | | 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 | |
| TREASURER | SANDRA K MALAISE | 10040 W. HIGHLANDER | BOISE | ID | USA | 83709 | |
| DIRECTOR | ALLEN G MALAISE | 10040 W. HIGHLANDER | BOISE | ID | USA | 83709 | |
| SECRETARY | SANDRA K MALAISE | 10040 W. HIGHLANDER | BOISE | ID | USA | 83709 | |
| PRESIDENT | ALLEN G MALAISE | 10040 W. HIGHLANDER | BOISE | ID | USA | 83709 | |
| 5. Organized Under the Laws of: ID C 130925 | | 6. Annual Report must be signed.* Signature: Sandra K. Malaise Name (type or print): Sandra K. Malaise | | | | | |
| | | Date: 11/26/2011 Title: Secretary | | | | | |
| Processed 11/26/2011 * Electronically provided signatures are accepted as original signatures. | | | | | | | |