

|  |                  |   |       |  |         |             |  |
|--|------------------|---|-------|--|---------|-------------|--|
| No. <b>C 180999</b>  |                  | <b>Due no later than Nov 30, 2013</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>1. Mailing Address: Correct in this box if needed.</b><br><br>FULL FLAVOR TEA, INC.<br>JOSEPH A SCHULER<br>4500 ALMA LN<br>NAMPA ID 83686<br>USA |       | JOSEPH SCHULER<br>4500 ALMA LN<br>NAMPA ID 83686   |         |             |  |
|  |                  |   |       | 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 |  |
| SECRETARY  | SUSAN K SCHULER  | 4500 ALMA LN  | NAMPA | ID   | USA     | 83686       |  |
| PRESIDENT  | JOSEPH A SCHULER | 4500 ALMA LN  | NAMPA | ID   | USA     | 83686       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 180999</b>  |                  | 6. Annual Report must be signed.*<br>Signature: Joseph A Schuler<br>Name (type or print): Joseph A Schuler  |       |  |         |             |  |
|  |                  | Date: 10/10/2013<br>Title: President  |       |  |         |             |  |
| Processed 10/10/2013   |                  | * Electronically provided signatures are accepted as original signatures.   |       |  |         |             |  |