No. C 146931		The state of the s		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE	Annual Report Form 1. Mailing Address: Correct in this box if needed. STURGEON SUPPLY, INC. ROXANNA MICHALSKI PO BOX 85 SPIRIT LAKE ID 83869		ROXANNA MICHALSKI 32168 N. 5TH SPIRIT LAKE ID 83869 3. New Registered Agent Signature:*				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080							
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held Name	Stree	t or PO Address	City	State	Country	Postal Code	
SECRETARY SUSAN K STURGEON		N. ST. GERMAINE CT.	COEUR D' ALENE	ID	USA	83869	
PRESIDENT WILLIAM S	COEUR D' ALENE	ID	USA	83869			
5. Organized Under the Laws of: 6. Annual Report must be signed.*		ed.*					
ID	ID Signature: Roxanna Michalski		Date: 11/13/2013				
C 146931	Name (type or print): Roxan	Name (type or print): Roxanna Michalski			Title: Accountant		
Processed 11/13/2013	* Electronically provided signatures are accepted as original signatures.						