No. **C 62785**	**Due no later than Dec 31, 2014** **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.** WELCH & ALLAN MD, P.A. ROBERT C WELCH 526-H SHOUP AVE. W TWIN FALLS ID 83301	ROBERT C WELCH 526-H SHOUP AVENUE WEST TWIN FALLS 83301 3. New 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	ROBERT C WELCH	526-H SHOUP AVE W	TWIN FALLS	ID	USA	83301
SECRETARY	SCOTT E ALLAN	526-H SHOUP AVE W	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 62785**	Signature: ERIN HARKINS	Date: 01/16/2015
	Name (type or print): ERIN HARKINS	Title: BOOKKEEPER

Processed 01/16/2015

* Electronically provided signatures are accepted as original signatures.