

|                                                                                                                                                        |                         |                                                                                                                                                                     |       |                                                                        |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------|---------|------------------|--|
| No. <b>C 103992</b>                                                                                                                                    |                         | <b>Due no later than Nov 30, 2012</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>ATLANTIC INTERIORS, INC.<br>MICHAEL LAWRENCE MALONE<br>10979 EMERALD STREET<br>BOISE ID 83713-8928 |       | MICHAEL LAWRENCE MALONE<br>10979 EMERALD STREET<br>BOISE ID 83713-8928 |         |                  |  |
|                                                                                                                                                        |                         |                                                                                                                                                                     |       | 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                                                                                                                                              | MICHAEL LAWRENCE MALONE | 10979 EMERALD STREET                                                                                                                                                | BOISE | ID                                                                     | USA     | 83704            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                         | 6. Annual Report must be signed.*                                                                                                                                   |       |                                                                        |         |                  |  |
| <b>ID<br/>C 103992</b>                                                                                                                                 |                         | Signature: Michael L Malone                                                                                                                                         |       |                                                                        |         | Date: 10/08/2012 |  |
|                                                                                                                                                        |                         | Name (type or print): Michael L Malone                                                                                                                              |       |                                                                        |         | Title: President |  |
| Processed 10/08/2012                                                                                                                                   |                         | * Electronically provided signatures are accepted as original signatures.                                                                                           |       |                                                                        |         |                  |  |