No. C 116997		Due no later than Nov 30, 2016			2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. JOHN A. COLEMAN, CHTD. JOHN A. COLEMAN P.O. BOX 1293 TWIN FALLS ID 83303-1293			JOHN A. COLEMAN 401 GOODING ST N #201 TWIN FALLS ID 83303 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Na	mes and Busin	ess Addresses of F	President, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	Stat	te Country	Postal Code	
PRESIDENT JOHN A. CC		DLEMAN	401 GOODING STREET NORTH #	201 TWIN FA	ALLS ID) USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: John A Coleman			Date: 10/18/2016			
C 116997		Name (type or print): John A Coleman			Title: Owner			
Processed 10/18/2016 * Electronically provided signatures are accepted as original signatures.								