

|                                                                                                                                                        |                |                                                                                                                                                       |       |                                                                 |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------------|---------|------------------|--|
| No. <b>C 202570</b>                                                                                                                                    |                | <b>Due no later than Jun 30, 2017</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>WADE L. WOODARD, P.C.<br>WADE L WOODARD<br>101 S CAPITOL BLVD STE 1600<br>BOISE ID 83702 |       | WADE L WOODARD<br>101 S CAPITOL BLVD STE 1600<br>BOISE ID 83702 |         |                  |  |
|                                                                                                                                                        |                |                                                                                                                                                       |       | 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                                                                                                                                              | WADE L WOODARD | 101 S CAPITOL BLVD, STE 1600                                                                                                                          | BOISE | ID                                                              | USA     | 83702            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                     |       |                                                                 |         |                  |  |
| <b>ID<br/>C 202570</b>                                                                                                                                 |                | Signature: Wade Woodard                                                                                                                               |       |                                                                 |         | Date: 05/03/2017 |  |
|                                                                                                                                                        |                | Name (type or print): Wade Woodard                                                                                                                    |       |                                                                 |         | Title: Member    |  |
| Processed 05/03/2017                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                             |       |                                                                 |         |                  |  |