| No. C 193301 | Due no later than Jan 31, 2018 | | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|---|---|-----------|--|-------|---------|-------------|--|
| Return to: | | Annual Report Form 1. Mailing Address: Correct in this box if needed. SOUTHWEST FENCE SYSTEMS, INC. BUDDY SIMMONS PO BOX 545 GOODING ID 83330 | | STACEE L PARKE CPA 233 MAIN ST GOODING ID 83330 3. New Registered Agent Signature:* | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | SOUTHWEST BUDDY SIMM PO BOX 545 | | | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Corporations: Enter Names and Bus | iness Addresses of | President, Secretary, and Directors. Trea | asurer (d | optional). | | | | |
| Office Held Name | | Street or PO Address | | City | State | Country | Postal Code | |
| PRESIDENT THOMAS | SIMMONS | PO BOX 1633 | | OAKDALE | CA | USA | 95361 | |
| . Organized Under the Laws of: 6. Annual Report must be signed.* | | | | | | | | |
| ID | Signature: Stacee Parke | | | Date: 11/30/2017 | | | | |
| C 193301 | C 193301 Name (type or print): Stacee Parke | | | Title: CPA | | | | |
| Processed 11/30/2017 | * Electronically p | * Electronically provided signatures are accepted as original signatures. | | | | | | |