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| No. C 62115 | Due no later than Sep 30, 2015 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. JAMESON, INC. DENNIS O'BRIEN P.O. BOX 469 WALLACE ID 83873 | DENNIS O'BRIEN 413 CEDAR STREET WALLACE ID 83873 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 | JOHN F MAGNUSON | PO BOX 2350 | COEUR D'ALENE | ID | USA | 83816 |
| SECRETARY | SHARON L KRULITZ | PO BOX 469 | WALLACE | ID | USA | 83873 |
| DIRECTOR | JOHN F MAGNUSON | PO BOX 2350 | COEUR D'ALENE | ID | USA | 83816 |
| 5. Organized Under the Laws of: ID C 62115 | 6. Annual Report must be signed.* Signature: Dennis O'Brien Name (type or print): Dennis O'Brien | | Date: 07/28/2015 Title: Assistant Secretary | | | |
| Processed 07/28/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | |