

|  |                     |   |           |  |         |             |  |
|--|---------------------|---|-----------|--|---------|-------------|--|
| No. <b>C 48607</b>   |                     | Due no later than Dec 31, 2014  |           | 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>CHRISTIANSEN IMPLEMENT OF AMERICAN FALLS, INC.<br>JOHN HOYBJERG<br>PO BOX 369<br>AMERICAN FALLS ID 83211 |           | DAVID MAGUIRE<br>1414 E CENTER<br>POCATELLO 83201  |         |             |  |
|  |                     |   |           | 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 |  |
| SECRETARY  | VALERIE L. HOYBJERG | 3690 SUMMIT DR.   | POCATELLO | ID   | USA     | 83201       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 48607</b>   |                     | 6. Annual Report must be signed.*<br>Signature: LYNN BROWN<br>Name (type or print): LYNN BROWN  |           |  |         |             |  |
|  |                     | Date: 01/12/2015<br>Title: OFFICE MANAGER   |           |  |         |             |  |
| Processed 01/12/2015   |                     | * Electronically provided signatures are accepted as original signatures.   |           |  |         |             |  |