No. C 134375		Due	2. Registered Age	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			MICHAEL R CHAPMAN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. IRONWOOD THROWERS CAMP, INC. JARRED DANIEL ROME 3720 SW BOND AVE 2514 PORTLAND OR 97239		402 W CANFIELD AVE STE 2 COEUR D ALENE ID 83815				
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*				
4. Corporations: Enter Nam	nes and Busin	ess Addresses of Pr	esident, Secretary, and Directors. Treasur	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR BART TEMPLEMAN DIRECTOR WILLIAM J GODINA DIRECTOR JARRED DANIEL ROME		1700 E. TOWER POINTE DR. 9640 E. GOLDEN ST. 3720 SW BOND AVE 2514	COEUR D'ALENE MESA PORTLAND	ID AZ OR	USA USA USA	83814 85207 97239		
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Jarred Rome		Date: 06/23/2016				
C 134375		Name (type or print): Jarred Rome		Title: Director				
Processed 06/23/2016	* Electronically provided signatures are accepted as original signatures.							