| No. <b>C 183309</b>   |                                    | Due no later than May 31, 2017   |  | 2. Registered          | 2. Registered Agent and Address (NO PO BOX)   |            |                |  |
|---|------------------------------------|--|--|------------------------|---|------------|----------------|--|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 |                                    | Annual Report Form  1. Mailing Address: Correct in this box if needed.  CHARGE 2 CARD CORPORATION TRACEY L ROBINETT 5351 N. MAIDSTONE WAY BOISE ID 83713 |  | 5351 N. MA<br>BOISE ID | TRACEY L ROBINETT 5351 N. MAIDSTONE WAY BOISE ID 83713  3. New Registered Agent Signature:* |            |                |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE<br>4. Corporations: Enter Names and Busin  |                                    | acc Addresses of I   | Procident Cocketow, and Directors Transcript   | ror (ontional)         |   |            |                |  |
| 200   | es and busin<br>Name               | ess Addresses of F   | Street or PO Address                           | City                   | State   | Country    | Postal Code    |  |
| DIRECTOR I  | BRUCE A ROBINETT TRACEY L ROBINETT |  | 5351 N. MAIDSTONE WAY<br>5351 N. MAIDSTONE WAY | BOISE<br>BOISE         | ID<br>ID  | USA<br>USA | 83713<br>83713 |  |
| 5. Organized Under the Laws of:   |                                    | 6. Annual Report must be signed.*  |  |                        |   |            |                |  |
| NV<br>C 183309  |                                    | Signature: Bru   |  | Date: 05/24/2017       |   |            |                |  |
|   |                                    | Name (type or  |  | Title: CFO             |   |            |                |  |
| Processed 05/24/2017  |                                    | * Electronically pr  | ovided signatures are accepted as original     | signatures.            |   |            |                |  |