No. <b>C 126150</b>		Oue no later than Oct 31, 2012	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form  1. Mailing Address: Correct in this box if needed.  RIGHT! SOLUTIONS, INCORPORATED  MARIA A PARSONS  10425 W CAROLINA DR  BOISE ID 83709  USA		LAURENCE G PARSONS 10425 W CAROLINA DR BOISE ID 83709  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	RIGHT! SOLU MARIA A PA						
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and E	Business Addresses o	f President, Secretary, and Directors. Treasu	rer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR MARIA	RECTOR MARIA A PARSONS 10425 W CAROLINA DRIVE		BOISE	ID	USA	83709	
5. Organized Under the Laws of: 6. Annual Report must be signed.*		ort must be signed.*					
ID	Signature: N	Signature: M.A.E. Parsons		Date: 08/10/2012			
C 126150	Name (type	Name (type or print): M.A.E. Parsons		Title: Owner			
Processed 08/10/2012	* Electronically	* Electronically provided signatures are accepted as original signatures.					