No. C 158763		Due n	2. Registered Age	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		MURIEL M BUF	MURIEL M BURKE-LOVE			
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. MURIEL M. BURKE, P.C. MURIEL M BURKE-LOVE 1110 W PARK PL STE 326 COEUR D'ALENE ID 83814			1110 W PARK PL STE 326			
					COEUR DALENE ID 83814 3. New Registered Agent Signature:*			
4. Corporations: Enter Na	ames and Busin	ess Addresses of Pres	sident, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	MURIEL M BURKE-LOVE		1110 W. PARK PL STE 326	COEUR D'ALENE	ID	USA	83814	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 158763		Signature: Stephanie Sablan		Date: 12	Date: 12/21/2015			
		Name (type or print): Stephanie Sablan		Title: Of	Title: Office Administrator			
Processed 12/21/2015		* Electronically provide	ded signatures are accepted as origina	al signatures.				