No. <b>C 163384</b> Return to:		Due no later than Nov 30, 2015  Annual Report Form	2. Registered Agent and Address (NO PO BOX)  TORI SHAVER 422 SPOON DR POCATELLO ID 83204  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  SHAVER HOLDINGS, INC.  TORI SHAVER 235 SOUTH 4TH  POCATELLO ID 83201-6438				
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Corporations: Enter Nai	mes and Busine	ess Addresses of President, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT SECRETARY	TORI SHAVE LORRI SHAV		POCATELLO POCATELLO	ID ID	USA USA	83204 83204
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Tori Shaver	Date: 09/21/2015			
C 163384		Name (type or print): Tori Shaver	Title: President			
Processed 09/21/2015	:	* Electronically provided signatures are accepted as original sign	natures.			