No. <b>C 175792</b> Return to:		Due no later than Nov 30, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX) SHERYL RICKARD			
NO FILING FEE IF RECEIVED BY DUE DATE							
1. Corporations: Enter N	lames and Busin	ess Addresses of P	resident, Secretary, and Directors. Treasurer (	(optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	MARGI GUNTER		349 GUN CLUB RD	SANDPOINT	ID	USA	83864
DIRECTOR	THOMAS LAWRENCE		570 TURTLE ROCK ROAD	SANDPOINT	ID	USA	83864
PRESIDENT	JOE WILLIAMS		1013 COMEBACK BAY	SANDPOINT	ID	USA	83864
TREASURER	MATT MIRE		117 JERRY'S WAY	SAGLE	ID	USA	83860
SECRETARY	BARB MERRITT		957 GRANITE RIDGE ROAD	SANDPOINT	ID	USA	83864
DIRECTOR	TOR ROBIN DYCK		1503 MATHISON DR	SANDPOINT	ID	USA	83864
DIRECTOR			10000 SCHWEITZER MOUNTAION RD	SANDPOINT	ID	USA	83864
DIRECTOR			P.O. BOX 6	SANDPOINT	ID	USA	83864
VICE PRESIDENT	DEBBIE HEIS	ER	301 CEDAR STREET	SANDPOINT	ID	USA	83864
5. Organized Under the Laws of: 6.		6. Annual Report must be signed.*					
ID		Signature: Sheryl Rickard		Date: 09/25/2017			
C 175792		Name (type or print): Sheryl Rickard		Title: CEO			
Processed 09/25/2017		* Electronically pro	ovided signatures are accepted as original sign	atures.			