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|--|---------------|--|---------------|--|---------|-------------|--|
| No. C 161229 | | Due no later than Jun 30, 2016 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: 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. LAKE CITY CONCIERGE, INC. SCOTT ADAMSON 2616 W LOIRE DR COEUR D'ALENE ID 83815 | | SCOTT ADAMSON 2616 W LOIRE DR COEUR D'ALENE ID 83815 | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT | SCOTT ADAMSON | 2616 W. LOIRE DR. | COEUR D'ALENE | ID | USA | 83815 | |
| SECRETARY | SCOTT ADAMSON | 2616 W. LOIRE DRIVE | COEUR D'ALENE | ID | USA | 83815 | |
| DIRECTOR | SCOTT ADAMSON | 2616 W. LOIRE DR. | COEUR D'ALENE | ID | USA | 83815 | |
| TREASURER | SCOTT ADAMSON | 2616 W. LOIRE DR. | COEUR D'ALENE | ID | USA | 83815 | |
| 5. Organized Under the Laws of: ID C 161229 | | 6. Annual Report must be signed.* Signature: Scott Adamson Name (type or print): Scott Adamson Date: 05/01/2016 Title: President | | | | | |
| Processed 05/01/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | | |