

| | | | | | | |
|--|--|---|--------------------------------------|-------|---------|-------------|
| No. C 123743 | Due no later than Apr 30, 2015 Annual Report Form | 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. VISUAL MOTION, INC. CHRISTOPHER D CLARK 2554 E 3708 N TWIN FALLS ID 83301 USA | CHRISTOPHER D CLARK 2554 E 3708 N TWIN FALLS 83301 | | | | |
| | | 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 | CHRISTOPHER D CLARK | 2554 EAST 3708 NORTH | TWIN FALLS | ID | USA | 83301 |
| 5. Organized Under the Laws of: ID C 123743 | 6. Annual Report must be signed.* Signature: christopher d clark Name (type or print): christopher d clark | | Date: 02/16/2015 Title: President | | | |
| Processed 02/16/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | |