

No. C 192414		Due no later than Sep 30, 2016 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. CLN INC. CHRISTOPHER NICOLLS 1801 CULVERS DR APT 10 SANDPOINT ID 83864		CHRISTOPHER NICOLLS 1801 CULVERS DR APT 10 SANDPOINT ID 83864-8386			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						3. <u>New</u> Registered Agent Signature:*	
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	CHRIS L NICOLLS	1801	SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of: ID C 192414		6. Annual Report must be signed.* Signature: Chris Nicolls Name (type or print): Chris Nicolls					
		Date: 10/31/2016 Title: CLN					
Processed 10/31/2016 * Electronically provided signatures are accepted as original signatures.							