| No. C 185629 | Due no later than Dec 31, 2017 | | 2. Registe | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|---|---|--------------------|--|------------|----------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | nual Report Form ss: Correct in this box if needs | 4332 N FILER | MATTHEW J LARSEN 4332 N 2575 E FILER ID 83328 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Corporations: Enter Names and Bus | iness Addresses of Presi | dent, Secretary, and Directors. Tre | asurer (optional). | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| SECRETARY YVONNE L PRESIDENT MATTHEW | ARSEN J LARSEN | 4332 N 2575 E 4332 N 2575 E | FILER FILER | ID ID | USA USA | 83328 83328 | |
| 5. Organized Under the Laws of: 6. Annual Rep | | st be signed.* | | | | | |
| ID Signature: Y | | vonne Larsen Date: 11/15/2017 | | | | | |
| C 185629 | Name (type or prin | Name (type or print): Yvonne Larsen | | Title: secretary | | | |
| Processed 11/15/2017 | * Electronically provided signatures are accepted as original signatures. | | | | | | |