No. C 150310		Due no later than Aug 31, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		TIM MILLER			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CTA INC. JOHN MAMMENGA 13 N 23RD ST		800 WEST MAIN STREET SUITE 800 BOISE ID 83702			
NO FILING FEE IF RECEIVED BY DUE DATE		PO BOX 1439 BILLINGS MT 59101		3. <u>New</u> Registered Agent Signature:*			
1. Corporations: Enter I	Names and Busin	ess Addresses of Presid	ent, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
PRESIDENT	SCOTT WIL	SON	411 EAST MAIN SUITE 101	BOZEMAN	MT	USA	59715
DIRECTOR	MIKE TUSS		13 NORTH 23RD STREET	BILLINGS	MT	USA	59101
DIRECTOR	ECTOR DAVID MITCHELL		2 MAIN STREET STE 205	KALISPELL	MT	USA	59901
DIRECTOR TIM MILLER			800 WEST MAIN STREET SUITE 800	BOISE	ID	USA	83702
DIRECTOR			219 2ND AVE SOUTH	GREAT FALLS	MT	USA	59405
DIRECTOR	RECTOR KENT BRAY		306 WEST RAILROAD AVE STE 104	MISSOULA	MT	USA	59802
SECRETARY MICHAEL F O'LEARY		O'LEARY	200 WEST MERCER STREET STE 503	SEATTLE	WA	USA	98119
DIRECTOR ROB ARTHUR		R	306 WEST RAILROAD AVE STE 104	MISSOULA	MT	USA	59802
DIRECTOR			13 NORTH 23RD STREET	BILLINGS	MT	USA	59101
DIRECTOR JIM BEAL			13 NORTH 23RD STREET	BILLINGS	MT	USA	59101
DIRECTOR RICK DEMARINIS		316 N LAST CHANCE GULCH	HELENA	MT	USA	59601	
DIRECTOR ALAN BRONEC		306 WEST RAILROAD AVE STE 104	MISSOULA	MT	USA	59802	
DIRECTOR	SHAWN MUI	RRAY	13 NORTH 23RD STREET	BILLINGS	MT	USA	59101
5. Organized Under the Laws of: 6.		6. Annual Report must be signed.*					
MT C 150310		Signature: John Mammenga		Date: 08/07/2017			
		Name (type or print): John Mammenga		Title: Corporate licensing Admin			
Processed 08/07/2017		* Flectronically provided	d signatures are accepted as original sign	natures.			