| No. C 130628 | | Due no later than Sep 30, 2014 | | 2. Registered Agent and Address (NO PO BOX) | | | | | |
|---|---|--|--|--|---|-------|----------------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. AUTOMATED SOLUTIONS, INC. BRIAN DENNY 272 SW 5TH AVE | | BRIAN DENNY 272 SW 5TH AVE MERIDIAN ID 83642 | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | MERIDIAN ID 83642 | | 3. New Registered Agent Signature:* | | | | | |
| 20 20 1 | nes and Busin Name | ness Addresses of Pre | sident, Secretary, and Directors. Tr Street or PO Address | reasurer (| • | State | Country | Postal Code | |
| | BRIAN S DENNY | | 272 SW 5TH AVE | | City MERIDIAN | ID | Country USA | 83642 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | | |
| ID. | | Signature: Jamie Crabtree | | | Date: 07/24/2014 | | | | |
| C 130628 | | Name (type or print): Jamie Crabtree | | | Title: Controller | | | | |
| Processed 07/24/2014 | rocessed 07/24/2014 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |