

|  |                  |   |             |  |         |             |  |
|--|------------------|---|-------------|--|---------|-------------|--|
| No. <b>C 97397</b>   |                  | <b>Due no later than Jan 31, 2015</b>   |             | 2. Registered Agent and Address <b>(NO PO BOX)</b>       |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>INTERMOUNTAIN MANAGEMENT SERVICES, INC.<br>MICHELLE D PAYNE<br>1601 EAST 17TH ST<br>IDAHO FALLS ID 83404<br>USA |             | MICHELLE PAYNE<br>1601 EAST 17TH ST<br>IDAHO FALLS 83404 |         |             |  |
|  |                  |   |             | 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 |  |
| SECRETARY  | CONNIE CROFT     | 1601 E 17TH STREET  | IDAHO FALLS | ID   | USA     | 83404       |  |
| PRESIDENT  | MICHELLE D PAYNE | 1601 E 17TH STREET  | IDAHO FALLS | ID   | USA     | 83404       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 97397</b>   |                  | 6. Annual Report must be signed.*<br>Signature: MICHELLE PAYNE<br>Name (type or print): MICHELLE PAYNE<br>Date: 11/18/2014<br>Title: OWNER/MANAGER  |             |  |         |             |  |
| Processed 11/18/2014   |                  | * Electronically provided signatures are accepted as original signatures.   |             |  |         |             |  |