| No. C 137032 | Due no later than Jan 31, 2017 | 2. Registered Agent and Address (NO PO BOX) |
|---|---|---|
| Return to: | Annual Report Form | FORREST LE BARON |
| SECRETARY OF STATE | 1. Mailing Address: Correct in this box if needed. | 2716 ADDISON AVE E |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | FORREST LE BARON, INC. FORREST LEBARON 2716 ADDISON AVE E | TWIN FALLS ID 83301-8330 |
| | TWIN FALLS ID 83301 | 3. New Registered Agent Signature:* |
| NO FILING FEE IF RECEIVED BY DUE DATE | | |
| 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 |
| PRESIDENT FORREST LI | EBARON 2716 ADDISON AVE E | TWIN FALLS ID USA 83301 |
| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
| ID | Signature: KARI MATTHEWS | Date: 01/25/2017 |
| C 137032 | Name (type or print): KARI MATTHEWS | Title: BOOKKEEPER |
| Processed 01/25/2017 | $\ ^{*}$ Electronically provided signatures are accepted as origina | al signatures. |