

No. C 126660	Due no later than Dec 31, 2013 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) PATRICIA A. FELTON 562 3RD AVE N TWIN FALLS ID 83301																					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. DENNIS' PAPERHANGING, INC. PATRICIA A. FELTON 562 3RD AVE NORTH TWIN FALLS ID 83301		3. <u>New</u> Registered Agent Signature.																					
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Office Held</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Pres.</td> <td>WILLIAM D. FELTON</td> <td>562 3RD AVE N.</td> <td>TWIN FALLS</td> <td>IDA</td> <td></td> <td>83301</td> </tr> <tr> <td>Sec/Treas.</td> <td>PATRICIA A. FELTON</td> <td>" " " "</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Pres.	WILLIAM D. FELTON	562 3RD AVE N.	TWIN FALLS	IDA		83301	Sec/Treas.	PATRICIA A. FELTON	" " " "	"	"	"	"
Office Held	Name	Street or PO Address	City	State	Country	Postal Code																		
Pres.	WILLIAM D. FELTON	562 3RD AVE N.	TWIN FALLS	IDA		83301																		
Sec/Treas.	PATRICIA A. FELTON	" " " "	"	"	"	"																		
5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO C 126660 </div>		6. Signature: <u>William D. Felton</u> Date: <u>10-21-13</u> Name (type or print): <u>William D. Felton</u> Title: <u>Pres.</u>																						

Issued 10/17/2013 by JLI

115252

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.**

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of president, secretary, and directors. **Note:** **DO NOT** put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. If more space is needed please add an attachment.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the corporation. Print or type the name of the signer below the signature.

**** The image of this form will be available on the internet once it has been filed. DO NOT enter Social Security numbers.**

If the corporation is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the corporation to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

If the document is incorrect, is there a telephone number to reach you for corrections? _____

POSTMARK DATES WILL NOT BE ACCEPTED