

No. C 180147		Due no later than Sep 30, 2013 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. EXP, INC. TIM SMITH CPA 1820 E 17TH ST IDAHO FALLS ID 83404		TIM SMITH CPA 1820 E 17TH ST IDAHO FALLS ID 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	
PRESIDENT	HERON L JENSEN	3656 TUSCANY DR.	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: ID C 180147		6. Annual Report must be signed.* Signature: Tim Smith Name (type or print): Tim Smith Date: 07/18/2013 Title: Registered Agent					
Processed 07/18/2013 * Electronically provided signatures are accepted as original signatures.							