

|                                                                                                                                                        |               |                                                                                                                                                     |          |                                                         |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------------------------------------------|---------|-------------|--|
| No. <b>C 214993</b>                                                                                                                                    |               | <b>Due no later than Aug 31, 2018</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>1. Mailing Address: Correct in this box if needed.</b><br><br>LOVELL ENTERPRISES INC.<br>JOSEPH LOVELL<br>1812 E CHIMERE DR<br>MERIDIAN ID 83646 |          | JOSEPH LOVELL<br>1812 E CHIMERE DR<br>MERIDIAN ID 83646 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                                     |          | 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                                                                                                                                              | JOSEPH LOVELL | 1812 E CHIMERE DR                                                                                                                                   | MERIDIAN | ID                                                      | USA     | 83646       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 214993</b>                                                                                          |               | 6. Annual Report must be signed.*<br>Signature: Joseph Lovell<br>Name (type or print): Joseph Lovell<br>Date: 06/18/2018<br>Title: CEO              |          |                                                         |         |             |  |
| Processed 06/18/2018                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                           |          |                                                         |         |             |  |