| No. C 35157 | | Due no later than Jan 31, 2018 Annual Report Form | | [2 | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---------------|---|---|-----------|--|-------|---------|-------------|
| Return to: | | | | | CARLENE E SKELTON | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. SKELTON'S, INC. CARLENE E SKELTON 621 BRYDEN AVE SUITE F LEWISTON ID 83501 USA | | d. | 621 BRYDEN AVE STE: F LEWISTON ID 83501 3. New Registered Agent Signature:* | | | |
| | | | | , | | | | |
| | | | | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | USA | | | | | | |
| 4. Corporations: Enter Na | mes and Busin | ess Addresses of F | President, Secretary, and Directors. Trea | asurer (d | optional). | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| PRESIDENT | CARLENE E | SKELTON | 1005 HEMLOCK AVE | | LEWISTON | ID | USA | 83501 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Carlene E Skelton | | | Date: 01/31/2018 | | | |
| C 35157 | | Name (type or print): Carlene E Skelton | | | Title: Prersident | | | |
| Processed 01/31/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |