

|                                                                                                                                                        |                     |                                                                                                                                              |       |                                                            |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------|---------|------------------|--|
| No. <b>C 155769</b>                                                                                                                                    |                     | <b>Due no later than Aug 31, 2017</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>HYDRA, S.O.S., INC.<br>LYNETTE ARMSTRO<br>PO BOX 1041<br>SANDPOINT ID 83864 |       | MICHAEL ARMSTRONG<br>115 LAKE STREET<br>SANDPOINT ID 83864 |         |                  |  |
|                                                                                                                                                        |                     |                                                                                                                                              |       | 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      |  |
| SECRETARY                                                                                                                                              | LYNETTE L ARMSTRONG | 66 HANFORD DR                                                                                                                                | SAGLE | ID                                                         | USA     | 83860            |  |
| PRESIDENT                                                                                                                                              | MICHAEL W ARMSTRONG | 66 HANFORD DR                                                                                                                                | SAGLE | ID                                                         | USA     | 83860            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                     | 6. Annual Report must be signed.*                                                                                                            |       |                                                            |         |                  |  |
| <b>ID<br/>C 155769</b>                                                                                                                                 |                     | Signature: Lynette Armstrong                                                                                                                 |       |                                                            |         | Date: 06/21/2017 |  |
|                                                                                                                                                        |                     | Name (type or print): Lynette Armstrong                                                                                                      |       |                                                            |         | Title: Secretary |  |
| Processed 06/21/2017                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.                                                                    |       |                                                            |         |                  |  |