| No. C 155370 | | Due no later than Jun 30, 2017 | | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. DR, INC. ROBYN TOLMIE PO BOX 966 HOMEDALE ID 83628 | | DIRK T TOLMIE 1 E. OWYHEE AVE HOMEDALE ID 83628 3. New Registered Agent Signature:* | | | | |
| RECEIVED BY DUI | E DATE | ess Addresses of Pres | sident, Secretary, and Directors. Tre | easurer (| ontional) | | | |
| Office Held Name | | 000 / (001 00000 01 1 1 00 | Street or PO Address | ousurer (| City | State | Country | Postal Code |
| SECRETARY PRESIDENT | ROBYN D TOLMIE DIRK T TOLMIE | | PO BOX 966 PO BOX 966 | | HOMEDALE HOMEDALE | ID ID | USA USA | 83628 83628 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID C 155370 | | Signature: Robyn Tolmie | | Date: 05/19/2017 | | | | |
| | | Name (type or print): Robyn Tolmie | | | Title: Secretary | | | |
| Processed 05/19/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |