| No. C 200514 | | Due no later than Dec 31, 2017 | | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|------------|---|---|------------------------------|--|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. LUMAE, INC. TIM JOHN COLLIAS 5809 N CAPE ARAGO PL GARDEN CITY ID 83714 | | 5809 N CAPE / GARDEN CITY | TIMOTHY J COLLIAS 5809 N CAPE ARAGO PL GARDEN CITY ID 83714 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine | | ess Addresses of F | President, Secretary, and Directors. Trea | surer (optional). | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| DIRECTOR | TIM JOHN (| COLLIAS | 5809 N.CAPE ARAGO | GARDEN CITY | ID | USA | 83714 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID C 200514 | | Signature: Tim Collias | |] | Date: 12/24/2017 | | | |
| | | Name (type or print): Tim Collias | | | Title: Officer | | | |
| Processed 12/24/2017 | 7 | * Electronically provided signatures are accepted as original signatures. | | | | | | |