No. C 144550		Due no later than Jul 31, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. LAVIGNE DISTRIBUTING INCORPORATED DALE LAVIGNE PO BOX 2170 OSBURN ID 83849		2. Registered Age	Registered Agent and Address (NO PO BOX) DALE LAVIGNE 205 ADDITIONE ADDITIONE			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE								
					305 LARCH STREET OSBURN ID 83849			
				3. <u>New</u> Registere	3. New Registered Agent Signature:*			
4. Corporations: Enter Na	mes and Busin	ess Addresses of Pres	ident, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	CINDY MARTINEZ		624 S. VIRGINIA RD	SPOKANE	WA	USA	99216	
DIRECTOR	JOSEPH LAVIGNE		10493 S. GRIZZLY	HIGHLAND RANC	CH CO	USA	80126	
DIRECTOR	DAVID LAVIGNE		1946 MOUNTAIN MAPLE	HIGHLAND RANC	CH CO	USA	80126	
DIRECTOR	DANIEL LAVIGNE		5039 SAINT CLAIR ST.	FORT MILL	SC	USA	29715	
DIRECTOR	MICHELLE KILBOURNE		P.O. BOX 953	OSBURN	ID	USA	83849	
DIRECTOR	MIKE LAVIGNE		29 MEADOW ST.	WALLACE	ID	USA	83849	
SECRETARY	THOMAS C. KILBOURNE		P.O. BOX 953	OSURN	ID	USA	83849	
PRESIDENT	DALE B. LAVIGNE		305 LARCH ST.	OSBURN	ID	USA	83849	
5. Organized Under the Laws of: 6. A		6. Annual Report must be signed.*						
ID		Signature: Dale B. Lavigne			Date: 07/24/2017			
C 144550		Name (type or print): Dale B. Lavigne			Title: President			
Processed 07/24/2017		* Electronically provide	led signatures are accepted as origina	l signatures.				