No. C 200282		D	ue no later than Nov 30, 2014	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		JAY R MCM	JAY R MCMASTER 625 HARVEST DR REXBURG 83440 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. JAY MCMASTER ENT, P.C. JAY MCMASTER 625 HARVEST DR REXBURG ID 83440		REXBURG				
4. Corporations: Ente	er Names and Busin	ess Addresses o	f President, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR SECRETARY PRESIDENT	TARY KAREN MCMASTER		625 HARVEST DR 625 HARVEST DR 625 HARVEST DR	REXBURG REXBURG REXBURG	ID ID ID	USA USA USA	83440 83440 83440	
5. Organized Under the Laws of:		6. Annual Repo	rt must be signed.*					
ID C 200282		Signature: Jay McMaster		Date:	Date: 12/10/2014			
		Name (type or print): Jay McMaster		Title:	Title: president/director			
Processed 12/10/201	14	* Electronically	provided signatures are accepted as original	l signatures.				