| No. <b>C 185483</b>  |      |   | 2. Registered Agent and Address (NO PO BOX)                                     |       |         |             |
|--|------|---|---|-------|---------|-------------|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |      | Annual Report Form  1. Mailing Address: Correct in this box if needed.  CAREW CO. PAUL CAREW 223 NORTH 6TH ST STE 50 BOISE ID 83702 | PAUL CAREW 223 N 6TH STE 50 BOISE ID 83702  3. New Registered Agent Signature:* |       |         |             |
| NO FILING FEE IF RECEIVED BY DUE DATE  4. Corporations: Enter Names and Busine                 |      | ess Addresses of President, Secretary, and Directors. Treasurer (   | ontional)   |       |         |             |
| Office Held  | Name | Street or PO Address  | City  | State | Country | Postal Code |
| PRESIDENT PAUL A CAF   |      | 223 N 6TH STE 50  | BOISE   | ID    | USA     | 83702       |
| 5. Organized Under the Laws of:  ID  C 185483  |      | 6. Annual Report must be signed.* Signature: Kara Rasmussen Name (type or print): Kara Rasmussen                                    | Date: 12/08/2016<br>Title: bookkeeper   |       |         |             |
| Processed 12/08/2016 * Electronically provided signatures are accepted as original signatures. |      |   |   |       |         |             |