| No. C 122443 | Di | Due no later than Jan 31, 2014 | | 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 Idress: Correct in this box if needed. TMANN, CPA, P.A. TMANN | 625 D STREE LEWISTON I | DAVID STROTTMANN 625 D STREET LEWISTON ID 83501 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | President, Secretary, and Directors. Trea | | | | | |
| Office Held Name | dalliess Addiesses of | Street or PO Address | City | State | Country | Postal Code | |
| SECRETARY LEI STR | OTTMANN STROTTMANN | 625 D ST 625 D ST | LEWISTON LEWISTON | ID ID | USA USA | 83501 83501 | |
| 5. Organized Under the Laws of: 6. Annual Repor | | t must be signed.* | | | | | |
| ID Signate | | avid Strottmann | | Date: 11/18/2013 | | | |
| C 122443 | Name (type o | Name (type or print): David Strottmann | | Title: President | | | |
| Processed 11/18/2013 | * Electronically p | * Electronically provided signatures are accepted as original signatures. | | | | | |