

|                                                                                                                                                        |                  |                                                                                                                                                     |            |                                                      |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------|---------|-------------|--|
| No. <b>C 179603</b>                                                                                                                                    |                  | <b>Due no later than Aug 31, 2017</b>                                                                                                               |            | 2. Registered Agent and Address <b>(NO PO BOX)</b>   |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>LEAVITT & ASSOCIATES, INC.<br>GARY LEAVITT<br>3254 RIDGE PL<br>TWIN FALLS ID 83301 |            | GARY LEAVITT<br>3254 RIDGE PL<br>TWIN FALLS ID 83301 |         |             |  |
|                                                                                                                                                        |                  |                                                                                                                                                     |            | 3. <u>New</u> Registered Agent Signature:*           |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                  |                                                                                                                                                     |            |                                                      |         |             |  |
| Office Held                                                                                                                                            | Name             | Street or PO Address                                                                                                                                | City       | State                                                | Country | Postal Code |  |
| PRESIDENT                                                                                                                                              | GARY LEAVITT     | 3254 RIDGE PLACE                                                                                                                                    | TWIN FALLS | ID                                                   | USA     | 83301       |  |
| SECRETARY                                                                                                                                              | ELLEN L. LEAVITT | 3254 RIDGE PLACE                                                                                                                                    | TWIN FALLS | ID                                                   | USA     | 83301       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 179603</b>                                                                                          |                  | 6. Annual Report must be signed.*<br>Signature: Gary Leavitt<br>Name (type or print): Gary Leavitt                                                  |            |                                                      |         |             |  |
|                                                                                                                                                        |                  | Date: 08/18/2017<br>Title: President                                                                                                                |            |                                                      |         |             |  |
| Processed 08/18/2017                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                           |            |                                                      |         |             |  |