

No. <b>C 101548</b>		Due no later than Mar 31, 2015 <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> MCHAB, INC. PETE MCDONALD 2600 ROSE HILL STE 101 BOISE ID 83705 USA		PETER D MCDONALD 2600 ROSE HILL STE 101 BOISE 83705		
				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
DIRECTOR	TRACY HAWKER	1003 W 300 S	BLACKFOOT	ID	USA	83221
DIRECTOR	TIM S BLACK	2600 ROSE HILL STE 101	BOISE	ID	USA	83705
DIRECTOR	CRAIG CASPERSON	P O BOX 6	TWIN FALLS	ID	USA	83303
PRESIDENT	PETER D MCDONALD	2600 ROSE HILL STE 101	BOISE	ID	USA	83720
DIRECTOR	JULIE ARMES	1465 N. RIVER SKYLINE DRIVE	IDAHO FALLS	ID	USA	83402
5. Organized Under the Laws of:  <b>ID C 101548</b>		6. Annual Report must be signed.* Signature: Pete McDonald Name (type or print): Pete McDonald Date: 01/20/2015 Title: President				
Processed 01/20/2015		* Electronically provided signatures are accepted as original signatures.				