

|                                                                                                                                                        |             |                                                                                                                                                                               |       |                                                      |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------|---------|-------------|--|
| No. <b>C 122490</b>                                                                                                                                    |             | <b>Due no later than Jan 31, 2013</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>THREE DEVILS KENNEL, INC.<br>JEFF FUNKE<br>8504 SCISM RD.<br>NAMPA ID 83686 |       | JEFFERY F. FUNKE<br>8504 SCISM RD.<br>NAMPA ID 83686 |         |             |  |
|                                                                                                                                                        |             |                                                                                                                                                                               |       | 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                                                                                                                                              | JEFF FUNKE  | 8504 SCISM RD                                                                                                                                                                 | NAMPA | ID                                                   | USA     | 83686       |  |
| SECRETARY                                                                                                                                              | HEIDI FUNKE | 8504 SCISM RD                                                                                                                                                                 | NAMPA | ID                                                   | USA     | 83686       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 122490</b>                                                                                          |             | 6. Annual Report must be signed.*<br>Signature: Jeff Funke<br>Name (type or print): Jeff Funke<br>Date: 11/15/2012<br>Title: President                                        |       |                                                      |         |             |  |
| Processed 11/15/2012                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                                                     |       |                                                      |         |             |  |