No. C 210715		Due no later than Aug 31, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. WITHERSPOON, KELLEY, DAVENPORT & TOOLE, P.S. 422 W RIVERSIDE STE 1100 SPOKANE WA 99201		2. Registered A	Registered Agent and Address (NO PO BOX) JOEL P HAZEL 608 NORTHWEST BLVD STE 300 COEUR D ALENE ID 83814-8381 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				JOEL P HAZ 608 NORTHV COEUR D ALI				
4. Corporations: Enter Na	mes and Busin	ess Addresses of Pre	sident, Secretary, and Directors. Treasur	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	WILLIAM M SYMMES		422 W. RIVERSIDE AVENUE SUITE	1100SPOKANE	WA		99201	
PRESIDENT	RYAN K JENSEN		422 W RIVERSIDE STE 1100	SPOKANE	WA		99201	
SECRETARY	CHRISTOPHER G VARALLO		422 W RIVERSIDE STE 1100	SPOKANE	WA	USA	99201	
DIRECTOR	SHELLEY N RIPLEY		422 W RIVERSIDE STE 1100	SPOKANE	WA	USA	99201	
DIRECTOR	BRIAN T REKOFKE		422 W RIVERSIDE STE 1100	SPOKANE	WA	USA	99201	
DIRECTOR	MICHAEL D	CURRIN	422 W RIVERSIDE STE 1100	SPOKANE	WA	USA	99201	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
WA		Signature: Joel P. Hazel		Date: 08/08/2018				
C 210715		Name (type or print): Joel P. Hazel		Title: Registered Agent Designee				
Processed 08/08/2018		* Electronically provi	ded signatures are accepted as original s	signatures.				