No. C 150172	Due no	Annual Report Form 1. Mailing Address: Correct in this box if needed. REDFISH ACCOUNTING SOLUTIONS, INC. SHIRLEEN A COLEMAN PO BOX 4266		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Addre REDFISH ACCOUNT SHIRLEEN A COLE PO BOX 4266			SHIRLEEN A COLEMAN 611 W MEADOW DR HAILEY ID 83333 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
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
	J COLEMAN A COLEMAN	P.O. 4227 P.O. 4227		HAILEY HAILEY	ID ID	USA USA	83333 83333
5. Organized Under the Laws of:	6. Annual Report mus	Annual Report must be signed.*					
ID Signature: Shirleen Col		n Coleman		Date: 07/30/2016			
C 150172 Name (type or		nt): Shirleen Coleman	Title: President				
Processed 07/30/2016 * Electronically provided signatures are accepted as original signatures.							