No. <b>C 84481</b>		Due no later than Aug 31, 2018 Annual Report Form		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:					DON C READING			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. BEN JOHNSON ASSOCIATES, INC. CHRISTINE THOMASSON 5600 PIMLICO DRIVE			6070 W HILL RD BOISE ID 83703-3230  3. New Registered Agent Signature:*			
		TALLAHASSEE FL 32309-2454		3. <u>New</u> Registere				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Nar	nes and Busin	ess Addresses o	of President, Secretary, and Directors. Treasu	ırer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR BEN JOHNSO		N	5600 PIMLICO DRIVE	TALLAHASSEE	FL	USA	32309-2454	
DIRECTOR	CTOR DON READIN		6070 HILL ROAD	BOISE	ID	USA	83703-3230	
SECRETARY	SHARON JOHNSON		5600 PIMLICO DRIVE	TALLAHASSEE	FL	USA	32309-2454	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
FL C 84481		Signature: Ben Johnson			Date: 08/30/2018			
		Name (type or print): Ben Johnson			Title: Director			
Processed 08/30/2018	* Electronically provided signatures are accepted as original signatures.							