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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------|------------------|-------------|--|
| No. <b>C 163331</b>                                                                                                                                    |              | <b>Due no later than Nov 30, 2014</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>                                                                                                                                                                           |            | LARRY R CRAWFORD<br>2377 W VALLI HI RD<br>EAGLE ID 83616-2400 |                  |             |  |
|                                                                                                                                                        |              | <b>1. Mailing Address: Correct in this box if needed.</b><br>AMERICAN ASSOCIATION OF CERTIFIED TAX<br>ACCOUNTANTS INC (THE)<br>LARRY R CRAWFORD<br>2377 W VALLI HI RD<br>EAGLE ID 83616-2400<br>USA |            | 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                                                                                                                                               | KEN BARDWELL | 704 MANOR DR                                                                                                                                                                                        | ANGLETON   | TX                                                            | USA              | 77515-3375  |  |
| DIRECTOR                                                                                                                                               | FLAKE CASTRO | PO BOX 661                                                                                                                                                                                          | FORESTHILL | CA                                                            | USA              | 95631-3375  |  |
| 5. Organized Under the Laws of:                                                                                                                        |              | 6. Annual Report must be signed.*                                                                                                                                                                   |            |                                                               |                  |             |  |
| <b>ID<br/>C 163331</b>                                                                                                                                 |              | Signature: Larry R Crawford                                                                                                                                                                         |            |                                                               | Date: 09/22/2014 |             |  |
|                                                                                                                                                        |              | Name (type or print): Larry R Crawford                                                                                                                                                              |            |                                                               | Title: Agent     |             |  |
| Processed 09/22/2014                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                                                           |            |                                                               |                  |             |  |