

|  |                |  |             |  |         |             |  |
|--|----------------|--|-------------|--|---------|-------------|--|
| No. <b>C 170711</b>  |                | <b>Due no later than Jan 31, 2016</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>1. Mailing Address: Correct in this box if needed.</b><br><br>MOTO MANAGEMENT INC<br>MARION MCBRIDE<br>329 S WOODRUFF AVE<br>IDAHO FALLS ID 83401 |             | MARION MCBRIDE<br>329 S WOODRUFF<br>IDAHO FALLS ID 83401 |         |             |  |
|  |                |  |             | 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  | MARION MCBRIDE | 329 S WOODRUFF AVE   | IDAHO FALLS | ID   | USA     | 83401       |  |
| DIRECTOR   | MARION MCBRIDE | 329 S WOODRUFF AVE   | IDAHO FALLS | ID   | USA     | 83401       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 170711</b>  |                | 6. Annual Report must be signed.*<br>Signature: MARION MCBRIDE<br>Name (type or print): MARION MCBRIDE<br>Date: 11/23/2015<br>Title: PRESIDENT       |             |  |         |             |  |
| Processed 11/23/2015   |                | * Electronically provided signatures are accepted as original signatures.  |             |  |         |             |  |