

No. <b>C 191719</b>		Due no later than Jul 31, 2015 <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> PAYMENT PROCESSING PARTNERS INC. PHILIP A TELESKO 460 S FITNESS PL EAGLE ID 83616-6828		PHILIP A TELESKO 460 S FITNESS PL EAGLE ID 83616-6828		
				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	PHILIP A TELESKO	460 S FITNESS PL	EAGLE	ID	USA	83616-6828
DIRECTOR	ANSON P LUIS	460 S FITNESS PL	EAGLE	ID	USA	83616-6828
DIRECTOR	RUBEN N MISRAHI	460 S FITNESS PL	EAGLE	ID	USA	83616-6828
DIRECTOR	PHILIP A TELESKO	460 S FITNESS PL	EAGLE	ID	USA	83616-6828
SECRETARY	PHILIP A TELESKO	460 S FITNESS PL	EAGLE	ID	USA	83616-6828
5. Organized Under the Laws of:  <b>NV C 191719</b>		6. Annual Report must be signed.* Signature: PHILIP TELESKO Name (type or print): PHILIP TELESKO Date: 05/20/2015 Title: PRESIDENT				
Processed 05/20/2015		* Electronically provided signatures are accepted as original signatures.				