No. C 191719		Due no later than Jul 31, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. PAYMENT PROCESSING PARTNERS INC. PHILIP A TELESCO 1359 W OAKHAMPTON DR EAGLE ID 83616		2. Registered Ag	2. Registered Agent and Address (NO PO BOX) PHILIP A TELESCO 1359 W OAKHAMPTON DR EAGLE ID 83616 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				PHILIP A TE 1359 W OAKH EAGLE ID 8				
4. Corporations: Enter Nar	mes and Busin	ess Addresses of I	President, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	PHILIP A TELESCO		1359 W OAKHAMPTON DR	EAGLE	ID	USA	83616	
DIRECTOR	ANSON P LU		4300 N CHAPALA WAY	BOISE	ID	USA	83713	
DIRECTOR	RUBEN N M		BEITAR STREET 17/4	JERUSALEM		ISRAEL	93386	
DIRECTOR	PHILIP A TELESCO		1359 W OAKHAMPTON DR	EAGLE	ID	USA	83616	
SECRETARY	PHILIP A TE	ELESCO	1359 W OAKHAMPTON DR	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
NV NV		Signature: Philip A Telesco			Date: 05/18/2017			
C 191719		Name (type or print): Philip A Telesco			Title: President			
Processed 05/18/2017 * Electronically provided signatures are accepted as original signatures.								