| No. C 62527 | | Due no later than Nov 30, 2015 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--------------------------|---|---|---|----------|------------|----------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report I 1. Mailing Address: Correct in the NELSEN ENTERPRISES, INC. THERON NELSEN PO BOX 272 | D JOHN THORNTON 3101 W MAIN STE 200 BOISE ID 83702-7067 | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | LIBERTY LAKE WA 99019 | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Corporations: Enter Name | es and Busine | ss Addresses of President, Secretary, ar | nd Directors. Treasurer (| optional). | | | |
| Office Held | Name | Street or PO A | ddress | City | State | Country | Postal Code |
| | ΓHERON NEL DARLENE NE | | | LIBERTY LAKE LIBERTY LAKE | WA WA | USA USA | 99019 99019 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID | | Signature: Theron Nelsen | Date: 12/14/2015 | | | | |
| C 62527 | | Name (type or print): Theron Nelsen | | Title: President | | | |
| Processed 12/14/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | | |