No. C 110688		Due no later than May 31, 2013 Annual Report Form 1. Mailing Address: Correct in this box if needed. SWENSENS, INC. MARION H SWENSEN 4069 N CANYON RIDGE DR TWIN FALLS ID 83301		2. Registered Ag	2. Registered Agent and Address (NO PO BOX) MARION H SWENSEN 4069 N CANYON RIDGE DR TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				4069 N CANYO TWIN FALLS				
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busin		oss Addrossos of D	recident Secretary and Directors Treasure	ror (optional)				
Office Held	Name	ess Addresses of F	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR DIRECTOR	MARION H SWENSEN CAROL SWENSEN		4069 N CANYON RIDGE DR 4069 N CANYON RIDGE DR	TWIN FALLS TWIN FALLS	ID ID	USA USA	83301 83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Mar		Date: 05/31/2013				
C 110688		Name (type or		Title: President				
Processed 05/31/2013		* Electronically pro	ovided signatures are accepted as original s	signatures.				