

|                                                                                                                                                        |            |                                                                                                                                                     |         |                                                         |         |                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------------------------------------|---------|-------------------|--|
| No. <b>C 117878</b>                                                                                                                                    |            | <b>Due no later than Jan 31, 2014</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>POOLE PAINTING & FINISHING, INC.<br>GARY POOLE<br>PO BOX 4581<br>KETCHUM ID 83340-4581 |         | GARY S POOLE<br>110 CLOVER ST<br>BELLEVUE ID 83313-4581 |         |                   |  |
|                                                                                                                                                        |            |                                                                                                                                                     |         | 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                                                                                                                                              | GARY POOLE | PO BOX 4581                                                                                                                                         | KETCHUM | ID                                                      | USA     | 83340-4581        |  |
| 5. Organized Under the Laws of:                                                                                                                        |            | 6. Annual Report must be signed.*                                                                                                                   |         |                                                         |         |                   |  |
| <b>ID<br/>C 117878</b>                                                                                                                                 |            | Signature: Phyllis Shafran                                                                                                                          |         |                                                         |         | Date: 01/05/2014  |  |
|                                                                                                                                                        |            | Name (type or print): Phyllis Shafran                                                                                                               |         |                                                         |         | Title: Bookkeeper |  |
| Processed 01/05/2014                                                                                                                                   |            | * Electronically provided signatures are accepted as original signatures.                                                                           |         |                                                         |         |                   |  |