

|                                                                                                                                                        |                |                                                                                                                                                |         |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------|---------|-------------|--|
| No. <b>C 88404</b>                                                                                                                                     |                | <b>Due no later than Jan 31, 2017</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>NALDER'S, INC.<br>CRAIG L. GEARY<br>110 W OAK<br>SHELLEY ID 83274                 |         | CRAIG L GEARY<br>110 W OAK<br>SHELLEY ID 83274     |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                |         | 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                                                                                                                                              | CRAIG L. GEARY | 469 EAST CENTER STREET                                                                                                                         | SHELLEY | ID                                                 | USA     | 83274       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 88404</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Craig L. Geary<br>Name (type or print): Craig L. Geary<br>Date: 11/28/2016<br>Title: President |         |                                                    |         |             |  |
| Processed 11/28/2016                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                      |         |                                                    |         |             |  |