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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------|---------|-------------|--|
| No. <b>C 133805</b>                                                                                                                                    |              | Due no later than May 31, 2014                                                                                                                                                          |             | 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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>EVERGREEN ELECTRIC AND HVAC INC.<br>TAMMY HATLEY<br>PO BOX 88<br>SPIRIT LAKE ID 83869 |             | TAMMY D HATLEY<br>28544 N OLD HIGHWAY 41<br>SPIRIT LAKE ID 83869 |         |             |  |
|                                                                                                                                                        |              |                                                                                                                                                                                         |             | 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                                                                                                                                              | TAMMY HATLEY | PO BOX 88                                                                                                                                                                               | SPIRIT LAKE | ID                                                               | USA     | 83869       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 133805</b>                                                                                          |              | 6. Annual Report must be signed.*<br>Signature: Tammy Hatley<br>Name (type or print): Tammy Hatley<br>Date: 03/21/2014<br>Title: President                                              |             |                                                                  |         |             |  |
| Processed 03/21/2014                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                                               |             |                                                                  |         |             |  |