STATE OF ARIZONA

CORPORATION COMMISSION						
CORPORA	TION ANNUAL REPORT					
& CERTIF	ICATE OF DISCLOSURE					
DUE ON OR BEFORE:4/6/2018 12:00:00 AM FILING FEE: \$45.00						
PLEASE READ ALL INSTRUCTIONS. The following information is required by A.R.S. §§10-1622 & 10-11622 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §§ 10-121(A) & 10-3121(A). YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM. Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation.						
Arizona known place of business (street or physical FORBES BLVD #107, TUCSON, AZ 85745	address): % AZ HOME OWNERS MCMT EXPERTS 2015 N.					
40	10800 AZ 85710					
Business Phone: 520-888 - 0474	Business Email Address: Anthu Wacongrossing Co.					
	Business Email Address: Potty Wordperroseinc. Co. ation: Domestic Nonprofit Corporation					
	2/ / / /					
Statutory Agent name and address (MUST both be in Arizona						
Street or physical address: PO BOX 85160, TUCS						
Mailing (if different than street): PO BOX 85160,	MUCSON, AZ 85754 JUCSON, HZ 85710					
If annotation a new statute and the second	ICT					
If appointing a new statutory agent, the new agent Mi	UST consent to the appointment by signing below:					
I (individual) or We (Corporation or limited I	liability company) having been designated the new Statutory Agent,					
1, (marridga) of the (corporation of minted in	naving company) having been designated the new Statutory Agent,					
do hereby consent to this appoints	ment until my removal or resignation pursuant to law.					
21.1	Land No. Manual					
1 (1)/1/11/10	WE XXXIIIXII					
Signatu	ure of new Statutory Agent					
) signatu	ne of new statutory Agent					
Charlen	1 Duresno					
Printed N	Iame of new Statutory Agent					
3. Principal Office Address (street address required; fore	eign corporations must complete-see Instructions):					
A1/A						
14//1						
4. Check the one category below which best describes the CH BUSINESS CORPORATIONS	IARACTER OF BUSINESS of your corporation. NON-PROFIT CORPORATIONS					
	TOTAL TOTAL CONTONATIONS					
1. Accounting 20. Manufacturing	I Charitable					
_ 2. Advertising21. Mining	2 Benevolent					
3. Aerospace 22. News Media	3 Educational					
4. Agriculture 23. Pharmaceutical	4 Civie					
_ 5. Architecture 24. Publishing/Printing	5 Political					
_ 6. Banking/Finance _ 25. Ranching/Livestock	6 Religious					
7. Barbers/Cosmetology 26. Real Estate	7 Social					
8. Construction 27. Restaurant/Bar	8 Literary					
_ 9. Contractor 28. Retail Sales	9 Cultural					
10. Credit/Collection 29. Science/Research	10 Athletic					

11. Education	30. Sports/Sporting Events		11 Science/Research
12. Engineering	31. Technology(Computers)		12 Hospital/Health Care
13. Entertainment	32. Technology(General)		13 Agricultural
14. General Consulting	33. Television/Radio		14 Cooperative Marketing Association
15. Health Care	34. Tourism/Convention Services		15 Animal Husbandry
16. Hotel/Motel	35. Transportation		16. Homeowner's Association
17. Import/Export	36. Utilities		
			17 Professional, commercial
18. Insurance	37. Veterinary Medicine/Animal Care		industrial or trade association
19. Legal Services	38. Other		18 Other
CAPITALIZATION:		***************************************	
usiness trusts must indicate	the number of transferable certific	ates held b	v trustees evidencing their beneficial interest in the trust estate.
1. Authorized shares/co	ertificates: find the number of auth	norized shar	es in the corporation's original Articles of Incorporation.
umber of Shares/Certificates	s Authorized	Class	Series Within Class (if any)
	MA	*********************	
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sued shares/certificates: exumber of Shares/Certificates	xamine the corporation's minutes for	or the numb	er of shares issued. Series Within Class (if any)
aniour or oliures certificates		Ciass	Series within class (it any)
Λ	MA		
SHAREHOLDERS:	(IA)	***************************************	
SHAREHOLDERS:			
or-profit Corporations and Bu	siness Trusts are REQUIRED to comp		
or-profit Corporations and Busts shareholders holding more	·		ion.) e corporation, or having more than a 20% beneficial interest in the
or-profit Corporations and Bust shareholders holding morporation.	·	issued by th	e corporation, or having more than a 20% beneficial interest in the
or-profit Corporations and Bust shareholders holding morporation.	re than 20% of any class of shares i	Name Name	e corporation, or having more than a 20% beneficial interest in the
ist shareholders holding morporation.	re than 20% of any class of shares i	issued by th	e corporation, or having more than a 20% beneficial interest in the
or-profit Corporations and Bust shareholders holding morporation. OFFICERS (both name and	re than 20% of any class of shares in the data of the	Name Name	Name:
or-profit Corporations and Bust shareholders holding morporation. OFFICERS (both name and Director: MARTIN D CUDirector: MARYANN E	d address required): URLEY - PO BOX 85160, TI STRADA - PO BOX 85160,	Name Name Name	Name: Name: Name: Name: Name: AZ 85754 Date of Taking Office: 2016-03-29 AZ 85754 Date of Taking Office: 2016-06-28
or-profit Corporations and Busts shareholders holding monoporation. OFFICERS (both name and Director: MARTIN D CUDirector: MARYANN E	d address required): URLEY - PO BOX 85160, TI STRADA - PO BOX 85160,	Name Name LCSON, TUCSON AZ 8573	Name:
or-profit Corporations and Busts shareholders holding monoporation. OFFICERS (both name and Director: MARTIN D CUDirector: MARYANN E President: DALE BELL-Freasurer: CAROLEE S	d address required): URLEY - PO BOX 85160, TI STRADA - PO BOX 85160, - PO BOX 85160, TUCSON, UNDERLAND - PO BOX 85	Name Name Name UCSON, TUCSON AZ 8575	Name:
or-profit Corporations and Busist shareholders holding monopoporation. OFFICERS (both name and Director: MARTIN D CUDirector: MARYANN E President: DALE BELL-Treasurer: CAROLEE S	d address required): URLEY - PO BOX 85160, TI STRADA - PO BOX 85160, - PO BOX 85160, TUCSON, UNDERLAND - PO BOX 85	Name Name Name UCSON, TUCSON AZ 8575	Name:
or-profit Corporations and Buist shareholders holding more proporation. OFFICERS (both name and Director: MARTIN D CUDirector: MARYANN E President: DALE BELL-Treasurer: CAROLEE S	d address required): URLEY - PO BOX 85160, TI STRADA - PO BOX 85160, - PO BOX 85160, TUCSON, UNDERLAND - PO BOX 85	Name Name Name UCSON, TUCSON AZ 8575	Name:
OFFICERS (both name and Director: MARTIN D CU Director: MARYANN E President: DALE BELL - Treasurer: CAROLEE S	d address required): URLEY - PO BOX 85160, TI STRADA - PO BOX 85160, PO BOX 85160, TUCSON, UNDERLAND - PO BOX 851	Name Name Name UCSON, TUCSON AZ 8575	Name:
or-profit Corporations and Buist shareholders holding more proporation. OFFICERS (both name and Director: MARTIN D CUDirector: MARYANN E President: DALE BELL - Treasurer: CAROLEE SI Vice-President: MARTIN DIVICE-President: MARTIN DIVICE-PRESIDEN	d address required): URLEY - PO BOX 85160, TI STRADA - PO BOX 85160, PO BOX 85160, TUCSON, UNDERLAND - PO BOX 851	Name Name Name UCSON, TUCSON AZ 8575	Name:

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Corporation Name:	File Number:	***************************************
	-2019) Cooperative marketing associations must submit a financial statement. All other ty	
corporations are not required to file a financial	statement	pes of
corporations are not required to rife a financial	statement.	
	보기했다. 그 그 사람들은 사람들이 가게 살아 보다 그는 말이 살아 다 먹다 보다.	
10. ONLY NONPROFIT CORPORATION	S MUST ANSWER THIS QUESTION MEMBERS (A.R.S. §10-11622(A)(6))	HONOR OF THE PARTY
This corporation	on DOES a DOES NOT q have members.	
11. CERTIFICATE OF DISCLOSURE (A.R.	.S. §§ 10-202(D), 10-3202(D), 10-1622(A)(8) & 10-11622(A)(7))	
Use any namen who is summ		
Has any person who is curre		