Generated Annual Report

No. C 166920	Due no later than 5/31/2009 Annual Report Form	2. Registered Agent and Address (NO PO BOX)
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	1. Mailing Address: Correct in this box if needed. LEMASTER ENTERPRISES, INC 83 GIBBONSVILLE RD GIBBONSVILLE ID 83463	JOY A LEMASTER 83 GIBBONSVILLE RD GIBBONSVILLE ID 83463 3. New Registered Agent Signature:

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office Held	Name	Street or PO Address	City	State	Zip
PRESIDENT	OWEN G LEMASTER	83 GIBBONSVILLE,	ID	83463	
SECRETARY	JOY A LEMASTER	83 GIBBONSVILLE,	ID	83463	

5. Organized Under the Laws of:	6. Annual Report must be signed.
NV C 166920	Signature: Joy A. LeMaster Date: 6/25/09 Name(type or print): Joy A. LEMASTER Title: SECRETARY

Issued 6/25/2009 by SL1

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