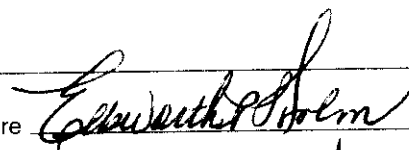


<b>No. C 147652</b>	<b>Due no later than February 28, 2005</b> <b>Annual Report Form</b>	2. Registered Agent and Office <b>NO PO BOX</b>  ELLSWORTH P HOLM <del>6034 FRAZIER DR</del> POST FALLS, ID 83854 <b>5900 E. SHORELINE DR.</b>																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable  SACRED GROUNDS, INC. ELLSWORTH P HOLM <del>6034 FRAZIER DR</del> <b>5900 E. SHORELINE</b> POST FALLS, ID 83854 <b>DR.</b>	3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">PRES</td> <td style="vertical-align: top;">ELLSWORTH P HOLM</td> <td style="vertical-align: top;">5900 SHORELINE DR</td> <td style="vertical-align: top;">POST FALLS</td> <td style="vertical-align: top;">ID</td> <td style="vertical-align: top;">83854</td> </tr> <tr> <td style="vertical-align: top;">SEC.</td> <td style="vertical-align: top;">KAREN HOLM</td> <td style="vertical-align: top;">5900 SHORELINE DR</td> <td style="vertical-align: top;">POST FALLS</td> <td style="vertical-align: top;">ID</td> <td style="vertical-align: top;">83854</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	PRES	ELLSWORTH P HOLM	5900 SHORELINE DR	POST FALLS	ID	83854	SEC.	KAREN HOLM	5900 SHORELINE DR	POST FALLS	ID	83854
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SEC.	KAREN HOLM	5900 SHORELINE DR	POST FALLS	ID	83854															
5. Organized Under the Laws of:  IDAHO C 147652	6.  Signature _____ Date <u>01-12-05</u>  Name <small>(Typed or Printed)</small> <u>ELLSWORTH P Holm</u> Title <u>PRESIDENT</u>																			