| No. C 178282 | | Due no later than Apr 30, 2011 | | | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|------|---|--------------------------|--|---|----------|------------|----------------|
| Return to: | | Annual Report Form | | CHERESSE N HOWARD | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. C-MORE & COMPANY CHERESSE N HOWARD PO BOX 576 | | 7259 FLYBY DR LEWISTON ID 83501 | | | | |
| | | LEWISTON ID 83501 | | 3. <u>New</u> Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 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 SECRETARY | | | PO BOX 576 PO BOX 576 | | LEWISTON LEWISTON | ID ID | USA USA | 83501 83501 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| OR C 178282 | | Signature: Cheresse N. Howard Date: 04/04/2011 | | | | | | |
| | | Name (type or print): Cheresse N. Howard | | | Title: President | | | |
| Processed 04/04/2011 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |