

No. <b>C 151871</b>	<b>Due no later than Nov 30, 2006</b> <b>Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</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>	<b>1. Mailing Address: Correct in this box if needed.</b> CASTLEROCK CUSTOM CABINETS INC MICHAEL WELLS 121 PINE GAP RD HORSESHOE BEND ID 83629	MICHAEL P WELLS 438 HWY 55 HORSESHOE BEND ID 83629			
		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	MICHAEL P WELLS	121 PINE GAP RD	HORSESHOE BEND	ID	USA 83629
5. Organized Under the Laws of:  <b>IDAHO C 151871</b>		6. Annual Report must be signed.* Signature: Michael Wells Name (type or print): Michael Wells  Date: 09/18/2006 Title: President			
Processed 09/18/2006		* Electronically provided signatures are accepted as original signatures.			