| No. <b>C 107219</b>  |                          |                                   |                                  | 2. Registered Agent and Address (NO PO BOX)  |       |         |             |
|--|--------------------------|-----------------------------------|----------------------------------|--|-------|---------|-------------|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE |                          | USA                               |                                  | TIMOTHY J STOVER 746 N COLLEGE RD STE C TWIN FALLS ID 83301  3. New 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 |
| DIRECTOR   | CTOR JEFFREY W FLATT     |                                   | 28166 OLD RAINIER ROAD           | RAINIER  | OR    | USA     | 97048       |
| DIRECTOR BRUCE A FL  |                          | ATT                               | P O BOX 992                      | LA GRANDE  | OR    | USA     | 97850       |
| SECRETARY CYNTHIA L I  |                          | FLATT                             | P O BOX 1108 73458 BUS BARN LANE | PENDLETON  | OR    | USA     | 97801       |
| DIRECTOR   | DIRECTOR WILLIAM L FLATT |                                   | P O BOX 635                      | CONDON   | OR    | USA     | 97823       |
| DIRECTOR   | LEWIS D BA               | ARNHART                           | 1115 NW HORN                     | PENDLETON  | OR    | USA     | 97801       |
| 5. Organized Under the Laws of:  |                          | 6. Annual Report must be signed.* |                                  |  |       |         |             |
| ID   |                          | Signature: Cynthia Flatt          |                                  | Date: 08/29/2011   |       |         |             |
| C 107219   |                          | Name (type or print):             | Title: Secretary                 |  |       |         |             |
| Processed 08/29/2011 * Electronically provided signatures are accepted as original signatures.                             |                          |                                   |                                  |  |       |         |             |