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|--|--------------------|--|------------|--|---------|-------------|--|--|--|
| No. C 123516 | | Due no later than Apr 30, 2010 | | Annual Report Form | | | | 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 | | 1. Mailing Address: Correct in this box if needed. WILLIAMS LAW OFFICE CHTD. TIMOTHY J WILLIAMS PO BOX 282 TWIN FALLS ID 83303-0282 | | TIMOTHY J WILLIAMS 401 GOODING ST N TWIN FALLS ID 83303-0282 | | | | | |
| | | | | 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 | | | |
| SECRETARY | AMI T BEEM-PENA | PO BOX 282 | TWIN FALLS | ID | USA | 83303-0282 | | | |
| PRESIDENT | TIMOTHY J WILLIAMS | PO BOX 282 | TWIN FALLS | ID | USA | 83303-0282 | | | |
| 5. Organized Under the Laws of: ID C 123516 | | 6. Annual Report must be signed.* Signature: Tim J. Williams Name (type or print): Tim J. Williams | | | | | | | |
| | | Date: 05/06/2010 Title: President | | | | | | | |
| Processed 05/06/2010 | | * Electronically provided signatures are accepted as original signatures. | | | | | | | |