

11/21/2007 15:08 FAX 334 2080

Idaho Secretary of State

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No. W 54799		Due no later than Sep 30, 2007 Annual Report Form		2. Registered Agent and Office NO PO BOX	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address - Collect in this box if applicable ARCHER MORTGAGE OF IDAHO, LLO 671 E WINDING CREEK 1042 S. ANCONA, Ste 150 EAGLE, ID 83616		ANGELA ARCHER Gary Archer 671 E WINDING CREEK 219 S. Wooddale Ave, Ste 100 EAGLE, ID 83616	
NO FILING FEE IF RECEIVED BY DUE DATE		EAGLE, ID 83616		3. New Registered Agent Signature <i>Gary Archer</i>	
4. Limited Liability Companies: Enter Names and Addresses of Managers.					
<u>Office Held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Member	Gary Archer	219 S. Wooddale Ave, Ste 100	Eagle	ID	83616
5. Organized Under the Laws of: IDAHO W 54799		6. Signature <i>Gary Archer</i>		Date 11-26-07	
		Name (Type or Print) Gary Archer		Title member	

Issued 11/21/2007 by SL1

Do Not Tape or Staple

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Fold, seal and mail this portion.

Detach at this perforation and discard this lower portion.

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

BLOCK 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.

BLOCK 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

BLOCK 3: Only a new registered agent must sign in Block 3.

BLOCK 4: Enter names and business addresses of president, secretary, and directors (for corporations only), managers/members (for LLO's only), one or more general partners (for LP's only). Note: Putting "same as last year" or "same as above" or leaving the block blank will not be accepted. Changes here will not affect the address in Block 1. Be sure to include office held for each name listed.

BLOCK 5: May not be altered through the use of this form.

BLOCK 6: The annual report must be signed by a person authorized to represent the corporation/LLO/LP. Print or type the name and title of the signer below the signature.

** The Image of this form will be available on the Internet once it is filed. DO NOT enter Social Security Numbers.

If the (Corporation/Limited Liability Company/Limited Partnership) is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on our website at www.idsos.state.id.us. However, if no timely annual report is filed, administrative action will be taken, at no cost to the (Corporation/Limited Liability Company/Limited Partnership), to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 384-3301.

POSTMARK DATES WILL NOT BE ACCEPTED

REV: (8/05)