

|                                                                                                                                                        |                 |                                                                                                                                                                         |          |                                                                   |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------------------|---------|-------------|--|
| No. <b>C 59316</b>                                                                                                                                     |                 | <b>Due no later than Sep 30, 2009</b>                                                                                                                                   |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>                |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>B.J.M., INC.<br>JAMES N MARKER<br>2934 N & S HWY<br>LEWISTON ID 83501 |          | JAMES N MARKER<br>2934 NORTH & SOUTH HIGHWAY<br>LEWISTON ID 83501 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                                         |          | 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                                                                                                                                              | CORRINE K BAUNE | 2934 N & S HWY                                                                                                                                                          | LEWISTON | ID                                                                | USA     | 83501       |  |
| PRESIDENT                                                                                                                                              | JAMES N MARKER  | 2934 N & S HWY                                                                                                                                                          | LEWISTON | ID                                                                | USA     | 83501       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 59316</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: David Hunter<br>Name (type or print): David Hunter<br>Date: 08/27/2009<br>Title: Office Manager                         |          |                                                                   |         |             |  |
| Processed 08/27/2009                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                               |          |                                                                   |         |             |  |