2. Registered Agent and Office NO PO BOX Due no later than December 31, 2006 No. C 121804 Annual Report Form **BURKE L RICHMAN** 1. Mailing Address - Correct in this box, if applicable Return to: 834 FALLS AVE STE 2170 SECRETARY OF STATE TWIN FALLS, ID 83301 BURKE L. RICHMAN, INC. 700 WEST JEFFERSON 834 FALLS AVE STE 2170 PO BOX 83720 TWIN FALLS, ID 83301 BOISE, ID 83720-0080 3. New Registered Agent Signature NO FILING FEE IF RECEIVED BY DUE DATE Corporations: Enter Names and Business Addresses of President, Secretary and Directors. Zip Street or P.O. Address <u>Name</u> Office held 834 Falls Ave Suite Twin Falls ID 83301 BURKE RICHMAN Pres 2170 RICHMAN ANN pres + Sec 5. Organized Under the Laws of: Date 🗘 Signature **IDAHO** C 121804 Name (Typed or Printed) Title 200612005453 Do Not Tape or Staple Issued 10/02/2006