

|                                                                                                                                                        |                  |                                                                                                                                                        |            |                                                          |         |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------------|---------|-------------|
| No. <b>C 55088</b>                                                                                                                                     |                  | Due no later than Feb 29, 2008<br><b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b><br><br>I AND W, INC.<br>THOMAS P STOESER<br>4752 W RIVERBEND AVE<br>POST FALLS ID 83854-9499 |            | D JOHN THORNTON<br>3101 W MAIN STE 200<br>BOISE ID 83702 |         |             |
|                                                                                                                                                        |                  |                                                                                                                                                        |            | 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 |
| PRESIDENT                                                                                                                                              | DONALD W JACKLIN | 4752 W RIVERBEND AVE                                                                                                                                   | POST FALLS | ID                                                       | USA     | 83854       |
| SECRETARY                                                                                                                                              | DOYLE W JACKLIN  | 4752 W RIVERBEND AVE                                                                                                                                   | POST FALLS | ID                                                       | USA     | 83854       |
| DIRECTOR                                                                                                                                               | DONALD W JACKLIN | 4752 W RIVERBEND AVE                                                                                                                                   | POST FALLS | ID                                                       | USA     | 83854       |
| DIRECTOR                                                                                                                                               | DOYLE W JACKLIN  | 4752 W RIVERBEND AVE                                                                                                                                   | POST FALLS | ID                                                       | USA     | 83854       |
| DIRECTOR                                                                                                                                               | DUANE A JACKLIN  | 4752 W RIVERBEND AVE                                                                                                                                   | POST FALLS | ID                                                       | USA     | 83854       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 55088</b>                                                                                           |                  | 6. Annual Report must be signed.*<br>Signature: Donald W Jacklin<br>Name (type or print): Donald W Jacklin<br>Date: 12/19/2007<br>Title: President     |            |                                                          |         |             |
| Processed 12/19/2007                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                              |            |                                                          |         |             |