No. C 122443	Due no later than January 31, 2005 Annual Report Form 1. Mailing Address - Correct in this box. if applicable DAVID STROTTMANN, CPA, P.A. 625 D STREET LEWISTON, ID 83501		2. Registered Agent and Office NO PO BOX DAVID STROTTMANN 625 D STREET LEWISTON, ID 83501 3. New Registered Agent Signature	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 65				
NO FILING FEE IF RECEIVED BY DUE DATE				<u> </u>
Corporations: Enter Names	and Business Addresses of Pre		and Directors	7:a
Office held Name	Street or P.O. Address	<u>City</u>	<u>State</u>	<u>Zip</u>
PRES DAVID STROTTM	IANN 3412 13TH ST	LEWISTON	ID	83501
SEC LEI STROTTMAN	IN 3412 13TH ST	LEWISTON	ID	83501
5. Organized Under the Laws of:	6.	OF THE	Date _	u la lay
IDAHO C 122443	Signature 2 / (4)	A Comme	Date	N 1121CF
	Name Printed: DAVID S	TROTTMANN	Title P	RES
Issued 11/01/2004	Do Not Tape or S	Staple	2.	00501E+11