

No. C 53326		Due no later than Apr 30, 2010 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) ORVILLE M. GROVES ROUTE 2 PARMA ID 83660	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. 4 G'S, INC. ORVILLE M. GROVES 29416 U OF I LANE PARMA ID 83660		3. New Registered Agent Signature.	
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
PRESIDENT	ORVILLE GROVES	29416 U. OF I LN	PARMA, ID.	U.S.	83660
SECRETARY	FERN L. GROVES	29416 U. OF I LN	PARMA, ID.	U.S.	83660
DIRECTOR	ORVILLE M. GROVES	29416 U. OF I LN	PARMA, ID.	U.S.	83660
DIRECTOR	FERN L. GROVES	29416 U. OF I LN	PARMA, ID	U.S.	83660
5. Organized Under the Laws of:		6.			
IDAHO C 53326		Signature: <u>Orville M. Groves</u>		Date: <u>2-17-10</u>	
		Name (type or print): <u>ORVILLE M. GROVES</u>		Title: <u>PRESIDENT</u>	
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM