

No. <b>C 145092</b>	Due no later than August 31, 2003 <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable:		KATHLEEN DUCHARME 3944 TREVINO DR  COEUR D ALENE, ID 83815												
	HIAID, LTD. KATHLEEN DUCHARME 3944 TREVINO DR  COEUR D ALENE, ID 83815														
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td></td> <td>Kathleen Ducharme</td> <td>3944 Trevino Dr</td> <td>Coeur D'Alene</td> <td>ID</td> <td>83815</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip		Kathleen Ducharme	3944 Trevino Dr	Coeur D'Alene	ID	83815
Office held	Name	Street or P.O. Address	City	State	Zip										
	Kathleen Ducharme	3944 Trevino Dr	Coeur D'Alene	ID	83815										
5. Organized Under the Laws of:  IDAHO C 145092	6. Signature <u>Kathleen Ducharme</u> Date <u>07/30/03</u> Name (Typed or Printed) <u>KATHLEEN DUCHARME</u> Title <u>PRES.</u>														