

No. C 169309		Due no later than Oct 31, 2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. CLEAVE PAINTING, INCORPORATED CARLA CLEAVE PO BOX 413 HAYDEN ID 83835		CARLA CLEAVE 1430 N. GREENSFERRY ROAD POST FALLS ID 83854			
						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	
SECRETARY	CARLA R CLEAVE	PO BOX 413	HAYDEN	ID	USA	83835	
PRESIDENT	DAN K CLEAVE	PO BOX 413	HAYDEN	ID	USA	83854	
5. Organized Under the Laws of: ID C 169309		6. Annual Report must be signed.* Signature: Carla Cleave Name (type or print): Carla Cleave Date: 11/28/2009 Title: V.P., Sec, Treas.					
Processed 11/28/2009		* Electronically provided signatures are accepted as original signatures.					