No. C 46806		Due no later than Jan 31, 2012 Annual Report Form 1. Mailing Address: Correct in this box if needed. FISH, INCORPORATED CLARENCE E HOWARD PO BOX 1455 OROFINO ID 83544		2. Registered A	2. Registered Agent and Address (NO PO BOX) CLARENCE E HOWARD 515 MICHIGAN AVE OROFINO ID 83544 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				515 MICHIGA OROFINO II				
1113111111111		l ess Addresses of	President, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	CLARENCE E	HOWARD	515 MICHIGAN AVE.	OROFINO	ID	USA	83544	
DIRECTOR	DARLA ROTHLEY		339 CARLOCK ROAD	OROFINO	ID	USA	83544	
DIRECTOR	ALICE PARSONS		817 JOHNSON AVE. #8	OROFINO	ID	USA	83544	
DIRECTOR	CTOR DIANA G COLG		618 LONGBENCH DRIVE	OROFINO	ID	USA	83544	
DIRECTOR	WILLIAM J SNOW		195 BOULDER DR.	OROFINO	ID	USA	83544	
SECRETARY	EDIE M AND	DERSON	3045 LOWER FORDS CR. RD	OROFINO	ID	USA	83544	
DIRECTOR	BETTY SOLM	MAN	P.O. BOX 2103	OROFINO	ID	USA	83544	
5. Organized Under the Laws of:		6. Annual Repo	rt must be signed.*					
ID C 46806		Signature: D		Date: 12/22/2011				
		Name (type o		Title: Director				
Processed 12/22/2011 * Electronically provided signatures are accepted as original signatures.								