

| <b>No. C 83583</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Due no later than April 30, 2004</b><br><b>Annual Report Form</b>                                                                                                                                                                                                                                                        | 2. Registered Agent and Office <b>NO PO BOX</b><br>DONNA MASON MASON<br>682 WHITEPINE DR<br>TWIN FALLS, ID 83301 |                                 |                     |                                                              |                    |              |            |      |                |               |            |    |       |      |              |            |     |   |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------|--------------------------------------------------------------|--------------------|--------------|------------|------|----------------|---------------|------------|----|-------|------|--------------|------------|-----|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>         RECEIVED BY DUE DATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1. Mailing Address <small>Correct in this box, if applicable</small><br>RENTER CENTER, INC.<br>DONNA MASON<br>682 WHITE PINE DR<br>TWIN FALLS, ID 83301                                                                                                                                                                     | 3. <u>New</u> Registered Agent Signature                                                                         |                                 |                     |                                                              |                    |              |            |      |                |               |            |    |       |      |              |            |     |   |   |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; width: 10%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 15%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Pres</td> <td>Donna M. Mason</td> <td>682 Whitepine</td> <td>Twin Falls</td> <td>Id</td> <td>83301</td> </tr> <tr> <td>Secy</td> <td>Kim L. Mason</td> <td>851 Main E</td> <td>" "</td> <td>"</td> <td>"</td> </tr> </tbody> </table> |                                                                                                                                                                                                                                                                                                                             |                                                                                                                  | <u>Office held</u>              | <u>Name</u>         | <u>Street or P.O. Address</u>                                | <u>City</u>        | <u>State</u> | <u>Zip</u> | Pres | Donna M. Mason | 682 Whitepine | Twin Falls | Id | 83301 | Secy | Kim L. Mason | 851 Main E | " " | " | " |
| <u>Office held</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>Name</u>                                                                                                                                                                                                                                                                                                                 | <u>Street or P.O. Address</u>                                                                                    | <u>City</u>                     | <u>State</u>        | <u>Zip</u>                                                   |                    |              |            |      |                |               |            |    |       |      |              |            |     |   |   |
| Pres                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Donna M. Mason                                                                                                                                                                                                                                                                                                              | 682 Whitepine                                                                                                    | Twin Falls                      | Id                  | 83301                                                        |                    |              |            |      |                |               |            |    |       |      |              |            |     |   |   |
| Secy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Kim L. Mason                                                                                                                                                                                                                                                                                                                | 851 Main E                                                                                                       | " "                             | "                   | "                                                            |                    |              |            |      |                |               |            |    |       |      |              |            |     |   |   |
| 5. Organized Under the Laws of:<br><br><div style="text-align: center;">             IDAHO<br/>             C 83583           </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%;">Signature <u>Donna M. Mason</u></td> <td style="width: 40%;">Date <u>3/13/04</u></td> </tr> <tr> <td>Name <small>(Typed or Printed)</small> <u>Donna M. Mason</u></td> <td>Title <u>Pres.</u></td> </tr> </table> |                                                                                                                  | Signature <u>Donna M. Mason</u> | Date <u>3/13/04</u> | Name <small>(Typed or Printed)</small> <u>Donna M. Mason</u> | Title <u>Pres.</u> |              |            |      |                |               |            |    |       |      |              |            |     |   |   |
| Signature <u>Donna M. Mason</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Date <u>3/13/04</u>                                                                                                                                                                                                                                                                                                         |                                                                                                                  |                                 |                     |                                                              |                    |              |            |      |                |               |            |    |       |      |              |            |     |   |   |
| Name <small>(Typed or Printed)</small> <u>Donna M. Mason</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Title <u>Pres.</u>                                                                                                                                                                                                                                                                                                          |                                                                                                                  |                                 |                     |                                                              |                    |              |            |      |                |               |            |    |       |      |              |            |     |   |   |