No. C 118029	Due no later than Jan 31, 2001 Annual Report Form 1. Mailing Address - Correct in this box, if applicable SAMUELS SERVICE CENTER, INC. KIMBERLEY K DUFFY 819 HWY 2 #23		2. Registered Agent and Office NO PO BOX KIMBERLEY K DUFFY 819 HWY 2 #23 SANDPOINT, ID 83864	
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				
NO FILING FEE IF RECEIVED BY DUE DATE	SANDPOINT, ID 83864	3	3. New Registered Agent Signature	
 Corporations: Enter Nam 	es and Business Addresses of Presider	t. Secretary a	and Directors	
Office held Name	Street or P.O. Address	City	State	<u>Zip</u>
PRES KIM DUFFY	819 HWY 2 #23	SANDPOI	INT ID	83864
SEC J.MARC PH	ILLIPS 819 HWY 2 #23	SANDPOI	INT ID	83864
	•			
5. Organized Under the Laws of:	6.			
IDAHO	Signature		<i>D</i> ate	1/23/01
C 118029	Name (Typed or KIM DUFFY		Title: —— XXXXX ——	PRES
Issued 11/01/2000	Do Not Tape or Staple			4746