No. **C 51683**	**Due no later than Aug 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.** LOWELL SMITH, INC. LOWELL M SMITH 1770 SOUTH MAPLE GROVE BOISE ID 83709	LOWELL M SMITH 1770 SOUTH MAPLE GROVE BOISE ID 83709 3. New 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
PRESIDENT	LOWELL M SMITH	1770 SOUTH MAPLE GROVE	BOISE	ID	USA	83709

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 51683**	Signature: Lowell Smith	Date: 06/11/2009
	Name (type or print): Lowell Smith	Title: President

Processed 06/11/2009

* Electronically provided signatures are accepted as original signatures.