

<b>No. C 126686</b>	<b>Due no later than December 31, 2008</b> <b>Annual Report Form</b>		<b>2. Registered Agent and Office NO PO BOX</b>																		
Return to: <b>SECRETARY OF STATE</b> <b>450 NORTH FOURTH STREET</b> <b>PO BOX 83720</b> <b>BOISE, ID 83720-0080</b>  <b>NO FILING FEE IF</b> <b>RECEIVED BY DUE DATE</b>	<b>1. Mailing Address - Correct in this box, if applicable</b>  <b>MORRISON CPAS, P.A.</b> <b>DEBBIE M EDMISTON</b> <del>417 N HENRY ST STE 1</del> <b>336 N Frederick St</b> <b>POST FALLS, ID 83854</b>		<b>DEBBIE M EDMISTON</b> <b>417 N HENRY ST # 2</b> <b>POST FALLS, ID 83854</b>  <b>3. New Registered Agent Signature</b>																		
<b>4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.</b> <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Pres/ Director</td> <td>Sherry J Morrison</td> <td>336 N Frederick St.</td> <td>Post Falls, ID</td> <td>83854</td> <td></td> </tr> <tr> <td>Sec/Treas/ Director</td> <td>Debbie M Edmiston</td> <td>336 N Frederick St.</td> <td>Post Falls, ID</td> <td>83854</td> <td></td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Pres/ Director	Sherry J Morrison	336 N Frederick St.	Post Falls, ID	83854		Sec/Treas/ Director	Debbie M Edmiston	336 N Frederick St.	Post Falls, ID	83854	
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<b>5. Organized Under the Laws of:</b>  <b>IDAHO</b> <b>C 126686</b>		<b>6.</b> Signature <u>Sherry J Morrison</u> Date <u>10/08/08</u> Name (Typed or Printed) <u>Sherry J Morrison</u> Title <u>President</u>																			

Issued 10/01/2008

Do Not Tape or Staple

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