


No. C 82119 Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than September 30, 2008 Annual Report Form 1. Mailing Address - Correct in this box, if applicable HOPE DEVELOPMENT COMPANY COLEEN MAILE 380 W STATE ST EAGLE, ID 83616	2. Registered Agent and Office NO PO BOX THOMAS MAILE 380 W STATE ST EAGLE, ID 83616 3. New Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.																				
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Colleen Birch-Maile</td> <td>380 W. State</td> <td>Eagle</td> <td>ID</td> <td>83616</td> </tr> <tr> <td>V. President</td> <td>Thomas G. Maile, IV</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	President	Colleen Birch-Maile	380 W. State	Eagle	ID	83616	V. President	Thomas G. Maile, IV	"	"	"	"
Office held	Name	Street or P.O. Address	City	State	Zip															
President	Colleen Birch-Maile	380 W. State	Eagle	ID	83616															
V. President	Thomas G. Maile, IV	"	"	"	"															
5. Organized Under the Laws of: IDAHO C 82119	6. Signature  Date <u>7/11/08</u> Name (Typed or Printed) _____ Title _____																			

Issued 07/01/2008

Do Not Tape or Staple

200809000722