| No. C 125794  Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE |                      | Due no later than Sep 30, 2006 Annual Report Form  1. Mailing Address: Correct in this box if needed.  MOUNTAIN VIEW SALES & SERVICE, INC. SARAH N GODBOLD 458 N. STATE STREET SHELLEY ID 83274 |  | 2. Registered A         | Registered Agent and Address (NO PO BOX)  CHRIS S HAYES     410 MEMORIAL DR STE 205     IDAHO FALLS ID 83402  3. New Registered Agent Signature:* |         |             |  |
|--|----------------------|---|--|-------------------------|---|---------|-------------|--|
|  |                      |   |  | 410 MEMOR<br>IDAHO FALL |   |         |             |  |
| 4. Corporations: Ente  | er Names and Busin   | ess Addresses of  | President, Secretary, and Directors. Treas | surer (optional).       |   |         |             |  |
| Office Held  | Name                 |   | Street or PO Address                       | City                    | State   | Country | Postal Code |  |
| PRESIDENT  | DONALD S HAYES       |   | 664 HOLLEY STREET                          | SHELLEY                 | ID  | USA     | 83274       |  |
| SECRETARY SARAH N GO   |                      | ODBOLD  | 616 WEST FIR #101                          | SHELLEY                 | ID  | USA     | 83274       |  |
| DIRECTOR BEVERLY M   |                      | HAYES   | 664 HOLLEY STREET                          | SHELLEY                 | ID  | USA     | 83274       |  |
| DIRECTOR   | CTOR DAYNE A GODBOLD |   | 616 WEST FIR #101                          | SHELLEY                 | ID  | USA     | 83274       |  |
| 5. Organized Under the Laws of:  |                      | 6. Annual Report must be signed.*   |  |                         |   |         |             |  |
| IDA HO<br>C 125794   |                      | Signature: Sarah Godbold  |  |                         | Date: 08/04/2006  |         |             |  |
|  |                      | Name (type o  |  | Title: Secretary        |   |         |             |  |
| Processed 08/04/200  | 06                   | * Electronically p  | rovided signatures are accepted as origina | al signatures.          |   |         |             |  |