No. C 87659	and the same of th	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720	Annual Report Form 1. Mailing Address: Correct in this box if needed. F. RANDALL KLINE, CHARTERED F. RANDALL KLINE, CHARTERED F. RANDALL KLINE, CHARTERED				
NO FILING FEE IF RECEIVED BY DUE DATE	F. RANDALL KLINE P. O. BOX 397 POCATELLO ID 83204 0000 3. New Registered Agent Signature:*			ignature:*	
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 F. RANDALL	. KLINE P.O. BOX 397	POCATELLO	ID	USA	83204
5. Organized Under the Laws of: IDA HO	6. Annual Report must be signed.* Signature: F. Randall Kline		Date: 08	3/22/2005	
C 87659	Name (type or print): F. Randall Kline	Title: President			
Processed 08/22/2005	* Electronically provided signatures are accepted as original signatures.				