No. <b>C 90858</b>	Du	Due no later than Dec 31, 2010			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			TAMARA VERBY			
SECRETARY OF STATE	1. Mailing A	1. Mailing Address: Correct in this box if needed.  CONTINUOUS CONTRIBUTIONS COMPANY TAMARA VERBY 1517 NORTHSHORE DR SANDPOINT ID 83864		1517 NORTHSHORE DR SANDPOINT ID 83864  3. New Registered Agent Signature:*				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	TAMARA VER 1517 NORTHS							
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Names and	Business Addresses of	President, Secretary, and Directors. Treasu	rer (optional).					
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
SECRETARY TAMAF	A VERBY	1517 NORTHSHORE DRIVE	SANDPOINT	ID	USA	83864		
	ANN JEFFRES	549 SHINGLE MILL ROAD	SANDPOINT	ID	USA	83864		
PRESIDENT LARRY	JEFFRES	549 SHINGLE MILL ROAD	SANDPOINT	ID	USA	83864		
5. Organized Under the Laws of: 6. Annual Rep		t must be signed.*						
ID ID	Signature: Ta	Signature: Tamara Verby			Date: 11/13/2010			
C 90858	Name (type o	Name (type or print): Tamara Verby			Title: Secretary			
Processed 11/13/2010	* Electronically p	* Electronically provided signatures are accepted as original signatures.						