

| <b>No. W 57166</b><br><br>Return to:<br>SECRETARY OF STATE<br>450 NORTH FOURTH STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>  | <b>Due no later than December 31, 2007</b><br><b>Annual Report Form</b><br><br>1. Mailing Address - Correct in this box, if applicable<br><br>VERBATIM SERVICES, LLC<br>4 BLUE GROUSE CIRCLE<br>BOISE, ID 83716 | <b>2. Registered Agent and Office NO PO BOX</b><br><br>THE CORNERSTONE MINISTRY INC<br>2239 UNIVERSITY DR<br>BOISE, ID 83706<br><br><b>3. New Registered Agent Signature</b> |             |       |                        |      |       |     |  |                      |                    |       |    |       |
|--|---|--|-------------|-------|------------------------|------|-------|-----|--|----------------------|--------------------|-------|----|-------|
| <b>4. Limited Liability Companies: Enter Names and Addresses of Managers.</b><br><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></td><td>member Lynn M. Barry</td><td>4 Blue Grouse Cir.</td><td>Boise</td><td>ID</td><td>83716</td></tr></tbody></table> |   |  | Office held | Name  | Street or P.O. Address | City | State | Zip |  | member Lynn M. Barry | 4 Blue Grouse Cir. | Boise | ID | 83716 |
| Office held  | Name  | Street or P.O. Address   | City        | State | Zip                    |      |       |     |  |                      |                    |       |    |       |
|  | member Lynn M. Barry  | 4 Blue Grouse Cir.   | Boise       | ID    | 83716                  |      |       |     |  |                      |                    |       |    |       |
| <b>5. Organized Under the Laws of:</b><br>IDAHO<br>W 57166   | <b>6.</b><br>Signature <u>Lynn M. Barry</u> Date <u>10-6-07</u><br>Name (Typed or Printed) <u>Lynn M. Barry</u> Title <u>member</u>   |  |             |       |                        |      |       |     |  |                      |                    |       |    |       |

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