

No. C120617	Annual Report Form 1999 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX PHILLIP H ROBINSON 156 E COMEBACK LN SAGLE ID 83860																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct		3. Organized Under the Laws of: ID C120617																			
	ROBINSON CONSULTING SERVICES PO BOX 1405 SANDPOINT ID 83864																					
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office held</th> <th style="text-align: left; width: 25%;">Name</th> <th style="text-align: left; width: 30%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>President & Sec.</td> <td>Philip H. Robinson</td> <td>156 E. Comeback Ln.</td> <td>Sagle</td> <td>ID</td> <td>83860</td> </tr> <tr> <td>Director</td> <td>CAROL R. Robinson</td> <td>156 E. Comeback Ln</td> <td>Sagle</td> <td>ID</td> <td>83860</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President & Sec.	Philip H. Robinson	156 E. Comeback Ln.	Sagle	ID	83860	Director	CAROL R. Robinson	156 E. Comeback Ln	Sagle	ID	83860
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Director	CAROL R. Robinson	156 E. Comeback Ln	Sagle	ID	83860																	
5. Signature of New Registered Agent		6. <div style="margin-top: 20px;"> Signature _____ Date 7-19-99 </div> <div> Name (Typed or Printed) Philip H. Robinson Title President </div>																				

ISSUED: 07-03-1999

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