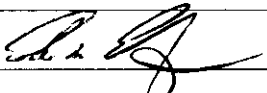


| No. <b>C 125774</b>  | <b>Due no later than Sep 30, 2000</b><br><b>Annual Report Form</b>   |                               | 2. Registered Agent and Office <b>NO PO BOX</b>                    |              |                    |             |                               |             |              |            |           |               |                     |            |    |
|--|--|-------------------------------|--|--------------|--------------------|-------------|-------------------------------|-------------|--------------|------------|-----------|---------------|---------------------|------------|----|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | 1. Mailing Address - Correct in this box, if applicable<br>HIGHER GROUND INC.<br>EDWIN CARFORA<br>504 SHORE PINES DRIVE<br><br>POST FALLS, ID 83854  |                               | EDWIN CARFORA<br>504 SHORE PINES DRIVE<br><br>POST FALLS, ID 83854 |              |                    |             |                               |             |              |            |           |               |                     |            |    |
|  | POST FALLS, ID 83854   |                               | 3. <u>New</u> Registered Agent Signature                           |              |                    |             |                               |             |              |            |           |               |                     |            |    |
|  | 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.<br><br><table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>EDWIN CARFORA</td> <td>504 SHORE PINES DR.</td> <td>POST FALLS</td> <td>ID</td> <td>83854</td> </tr> </tbody> </table> |                               |  |              | <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | PRESIDENT | EDWIN CARFORA | 504 SHORE PINES DR. | POST FALLS | ID |
| <u>Office held</u>   | <u>Name</u>  | <u>Street or P.O. Address</u> | <u>City</u>  | <u>State</u> | <u>Zip</u>         |             |                               |             |              |            |           |               |                     |            |    |
| PRESIDENT  | EDWIN CARFORA  | 504 SHORE PINES DR.           | POST FALLS   | ID           | 83854              |             |                               |             |              |            |           |               |                     |            |    |
| 5. Organized Under the Laws of:<br><br>IDAHO<br>C 125774   | 6.<br>Signature <br>Name (Typed or Printed) <u>EDWIN CARFORA</u>   |                               | Date <u>8-15-00</u><br>Title: <u>PRESIDENT</u><br><del>XXXX</del>  |              |                    |             |                               |             |              |            |           |               |                     |            |    |

Issued 07/10/2000

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