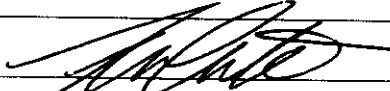


No. C 152200	Due no later than December 31, 2005		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form		TIMOTHY J STOVER 161 5TH AVE S STE 100 TWIN FALLS, ID 83303																		
NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable ECKROTE, INC. FRANKLIN W ECKORTE PO BOX 5197 TWIN FALLS, ID 83303		3. New Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Owner</td> <td>Frank Eckrote</td> <td>PO Box 5197</td> <td>Twin Falls</td> <td>Id</td> <td>83303</td> </tr> <tr> <td>Sec. Treas.</td> <td>RoseAnn Eckrote</td> <td>PO Box 5197</td> <td>Twin Falls</td> <td>Id</td> <td>83303</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>	Owner	Frank Eckrote	PO Box 5197	Twin Falls	Id	83303	Sec. Treas.	RoseAnn Eckrote	PO Box 5197	Twin Falls	Id	83303
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																
Owner	Frank Eckrote	PO Box 5197	Twin Falls	Id	83303																
Sec. Treas.	RoseAnn Eckrote	PO Box 5197	Twin Falls	Id	83303																
5. Organized Under the Laws of: IDAHO C 152200		6. Signature  Name (Typed or Printed) FRANK ECKROTE Date 11-10-05 Title 11.10.05																			

Issued 10/03/2005

Do Not Tape or Staple

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