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| No. C 177890 | Due no later than 3/31/2009 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | |
| Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. MIRROR IMAGE SOLUTIONS, INC. 4299 EAST 49 NORTH IDAHO FALLS ID 83401 | | MICHAEL LUSK 4299 EAST 49 NORTH IDAHO FALLS ID 83401 | |
| | | | 3. <u>New</u> Registered Agent Signature: | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. | | | | |
| Office Held | Name | Street or PO Address | City | State Zip |
| President | MIKE LUSK | 4299 E 49 N | Idaho Falls | ID 83401 |
| Secretary | RHEE LUSK | 4299 E 49 N | Idaho Falls | ID 83401 |
| 5. Organized Under the Laws of: ID C 177890 | | 6. Annual Report must be signed. Signature: <u>Mike Lusk</u> Date: <u>3-14-09</u> Name (type or print): <u>MIKE LUSK</u> Title: <u>President</u> | | |