| No. C 141755 | Due i | Due no later than Dec 31, 2008 | | | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|---|--|-------------------|--|---|-------------|--|--|
| Return to: SECRETARY OF STATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. | | DONALD R HISEL 15597 WAGNER RD | | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FAMILY FELL DONALD R PO BOX 1020 MIDDLETON | | L | | CALDWELL ID 83607 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Corporations: Enter Names and Bu | siness Addresses of Pre | sident, Secretary, and Directors. Treas | surer (optional). | | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | | |
| DIRECTOR DAVID A | USELTON | 26733 GAIL LANE | MIDDLETON | ID | USA | 83644 | | |
| DIRECTOR DON SMA | MERIDIAN | ID | USA | 83642 | | | | |
| 5. Organized Under the Laws of: 6. Annual Rep | | ust be signed.* | | | | | | |
| ID | Signature: David | Signature: David A. Uselton | | Date: 12/22/2008 | | | | |
| C 141755 | Name (type or p | Name (type or print): David A. Uselton | | | Title: Director | | | |
| Processed 12/22/2008 | * Electronically provided signatures are accepted as original signatures. | | | | | | | |