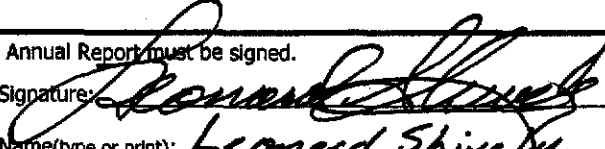


No. <b>C 130663</b>	<b>Due no later than 10/31/2009 Annual Report Form</b>		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>		LEONARD SHIVELY 3020 CAYSIE IDAHO FALLS ID 83402	
	CARDS PLUS, INC. 3020 CAYSIE IDAHO FALLS ID 83402		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	Leonard Shively	3020 Caysie	Idaho Falls	ID 83402
5. Organized Under the Laws of:  <b>ID C 130663</b>		6. Annual Report must be signed. Signature:  Name(type or print): <u>Leonard Shively</u> Date: <u>8/31/09</u> Title: <u>President</u>		