

No. C 160410		Due no later than May 31, 2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. NETWORK SERVICE BILLING, INC. KENYATTA PERKINS 7251 W LAKE MEAD BLVD #300 LAS VEGAS NV 89128		INCORP SERVICES INC 921 S ORCHARD ST STE G BOISE ID 83705 USA			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	PETER LAGERGREN	7251 W LAKE MEAD BLVD #300	LAS VEGAS	NV	USA	89128	
SECRETARY	PETER LAGERGREN	7251 W LAKE MEAD BLVD #300	LAS VEGAS	NV	USA	89128	
5. Organized Under the Laws of: NV C 160410		6. Annual Report must be signed.* Signature: Kenyatta Perkins Name (type or print): Kenyatta Perkins					
Processed 06/16/2009		Date: 06/16/2009 Title: Account Manager * Electronically provided signatures are accepted as original signatures.					