Return to: SECRETARY OF STATE Annual Report Form 1 1. Mailing Address - Correct in this box; if applicable :		2. Registered Agent and Office NO PO BC	
		ORPORATION 6TH ST E, ID 83705	
			Agent Signature
nes and Business Addresses of President, Secre	stary and [Directors.	:
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6. Signature <u>Ualekeel</u>	\rightarrow	Date	1/19/07
Name (Typed or Valerie Solomon	1	Title Vic	e President
r	SOLOMON AND SOLOMON, P.C. 5 COLUMBIA CIRCLE ALBANY, NY 12203 nes and Business Addresses of President, Secre Street or P.O. Address n 5 Columbia Circle an 5 Columbic Circle A 6. Signature	SOLOMON AND SOLOMON, P.C. 5 COLUMBIA CIRCLE ALBANY, NY 12203 3. New nes and Business Addresses of President, Secretary and I Street or P.O. Address City n 5 Columbia Circle Albany on 5 Columbic Circle Albany Signature Valerie Solomon Name Printed Valerie Solomon	SOLOMON AND SOLOMON, P.C. 5 COLUMBIA CIRCLE ALBANY, NY 12203 3. New Registered nes and Business Addresses of President, Secretary and Directors. Street or P.O. Address City State n 5 Columbia Circle Albany NY on 5 Columbic Circle Albany NY Signature Valerie Solomon Title Vice 2007