

No. C 156694

Due no later than October 31, 2007  
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:  
SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

CAVALLI CORP.  
3798 N 2500 E  
TWIN FALLS, ID 83301JACOB CAVAL  
3798 N 2500 E  
TWIN FALLS, ID 83301NO FILING FEE IF  
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	JACOB CAVAL	3798 N 2500 E	TWIN FALLS	ID.	83301
Vice President	GINA CAVAL	3798 N 2500 E	TWIN FALLS	ID.	83301

5. Organized Under the Laws of:

IDAHO  
C 156694

6.

Signature

Name (Typed or Printed)

GINA CAVAL

Date

02-15-07

Title

Vice president