

| <b>No. C 89405</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>DUE NO LATER THAN MAY 31, 2008</b><br><b>Annual Report Form</b>                                                                                            |                                                                      | <b>2. Registered Agent and Office NO PO BOX</b><br>CONNIE GUTIERREZ<br>616 MULLAN<br>PO BOX 927<br>OSBURN, ID 83849 |             |       |                        |      |       |     |           |             |                  |         |    |       |      |              |                 |         |    |       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------|-------|------------------------|------|-------|-----|-----------|-------------|------------------|---------|----|-------|------|--------------|-----------------|---------|----|-------|
| <b>Return to:</b><br>SECRETARY OF STATE<br>450 NORTH FOURTH STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>         RECEIVED BY DUE DATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1. Mailing Address - Correct in this box, if applicable</b><br>G. V. I. OF IDAHO, INC.<br>CONNIE GUTIERREZ<br>613 MULLAN<br>PO BOX 927<br>OSBURN, ID 83849 |                                                                      | <b>3. New Registered Agent Signature</b>                                                                            |             |       |                        |      |       |     |           |             |                  |         |    |       |      |              |                 |         |    |       |
| <b>4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.</b><br><table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Jeff Eucker</td> <td>1520 N. Atlantic</td> <td>Spokane</td> <td>Wa</td> <td>99201</td> </tr> <tr> <td>V. P</td> <td>Kathy Eucker</td> <td>1320 N Atlantic</td> <td>Spokane</td> <td>Wa</td> <td>99201</td> </tr> </tbody> </table> |                                                                                                                                                               |                                                                      |                                                                                                                     | Office held | Name  | Street or P.O. Address | City | State | Zip | President | Jeff Eucker | 1520 N. Atlantic | Spokane | Wa | 99201 | V. P | Kathy Eucker | 1320 N Atlantic | Spokane | Wa | 99201 |
| Office held                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Name                                                                                                                                                          | Street or P.O. Address                                               | City                                                                                                                | State       | Zip   |                        |      |       |     |           |             |                  |         |    |       |      |              |                 |         |    |       |
| President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Jeff Eucker                                                                                                                                                   | 1520 N. Atlantic                                                     | Spokane                                                                                                             | Wa          | 99201 |                        |      |       |     |           |             |                  |         |    |       |      |              |                 |         |    |       |
| V. P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Kathy Eucker                                                                                                                                                  | 1320 N Atlantic                                                      | Spokane                                                                                                             | Wa          | 99201 |                        |      |       |     |           |             |                  |         |    |       |      |              |                 |         |    |       |
| <b>5. Organized Under the Laws of:</b><br>IDAHO<br>C 89405                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                               | <b>6.</b><br>Signature<br>Name (Typed or Printed) <u>Jeff Eucker</u> |                                                                                                                     |             |       |                        |      |       |     |           |             |                  |         |    |       |      |              |                 |         |    |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                               | Date <u>4/29/08</u><br>Title <u>Pres.</u>                            |                                                                                                                     |             |       |                        |      |       |     |           |             |                  |         |    |       |      |              |                 |         |    |       |

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