	Due no later than Ju	ine 30, 2008	2. Registered Ager	nt and Office NO PO BOX
lo. C 160889 sturn to: SECRETARY OF STATE	Annual Report Form 1. Mailing Address - Correct in this box, if applicable GPOD MANAGEMENT, INC.		KEVIN SEARLE 865 E 1400 N SHELLEY, ID 83274	
450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	PO BOX 514 865 E 1400 N SHELLEY, ID 83274		3. New Registered	i Agent Signature
O FILING FEE IF			<u> </u>	
Office held Name	en e			Zlp 83274 "
5. Organized Under the Laws of:	6. Signature	an Dave	Date .	04/11/08
IDAHO C 160889	Signature K	evin Searle	Title _	President
C 100000	Name Printed Do Not Tape or Staple		200806003467	