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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------|---------|------------------|--|
| No. <b>C 100341</b>                                                                                                                                    |                | <b>Due no later than Dec 31, 2005</b>                                                                                                                                                                |           | 2. Registered Agent and Address <b>(NO PO BOX)</b>      |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>POCATELLO HOSPITALITY, INC.<br>ROBERT M QUINN<br>1249 TAPADERA AVE<br>ONTARIO OR 97914 0000<br>USA |           | LARY CROOM<br>298 SILVERWOOD<br>POCATELLO ID 83201 0000 |         |                  |  |
|                                                                                                                                                        |                |                                                                                                                                                                                                      |           | 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      |  |
| DIRECTOR                                                                                                                                               | ROBERT M QUINN | 1087 NW 2ND AVE                                                                                                                                                                                      | ONTARIO   | OR                                                      | USA     | 97914            |  |
| SECRETARY                                                                                                                                              | LARY CROOM     | 2987 SILVERWOOD PLACE                                                                                                                                                                                | POCATELLO | ID                                                      | USA     | 83206            |  |
| PRESIDENT                                                                                                                                              | ROBERT M QUINN | 1087 NW 2ND AVE                                                                                                                                                                                      | ONARIO    | OR                                                      | USA     | 97914            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                                                                    |           |                                                         |         |                  |  |
| <b>IDAHO<br/>C 100341</b>                                                                                                                              |                | Signature: Robert Quinn                                                                                                                                                                              |           |                                                         |         | Date: 11/23/2005 |  |
|                                                                                                                                                        |                | Name (type or print): Robert Quinn                                                                                                                                                                   |           |                                                         |         | Title: President |  |
| Processed 11/23/2005                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                                            |           |                                                         |         |                  |  |