

No. C 126457		Due no later than Nov 30, 2010		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		KEVIN KRACKE 422 17TH AVE LEWISTON ID 83501			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		DR. KRACKE & ASSOCIATES, P.A. KEVIN KRACKE 605 9TH ST LEWISTON ID 83501					
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	
SECRETARY	KIMBERLY R KRACKE	605 TH ST	LEWISTON	ID	USA	83501	
PRESIDENT	KEVIN R KRACKE	605 9TH ST.,	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 126457		Signature: Kevin Kracke			Date: 11/02/2010		
		Name (type or print): Kevin Kracke			Title: President		
Processed 11/02/2010		* Electronically provided signatures are accepted as original signatures.					