

No. C 126457		Due no later than Nov 30, 2010 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. DR. KRACKE & ASSOCIATES, P.A. KEVIN KRACKE 605 9TH ST LEWISTON ID 83501		KEVIN KRACKE 422 17TH AVE LEWISTON ID 83501			
						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	
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: ID C 126457		6. Annual Report must be signed.* Signature: Kevin Kracke Name (type or print): Kevin Kracke					
Processed 11/02/2010		* Electronically provided signatures are accepted as original signatures. Date: 11/02/2010 Title: President					