No. C 173747		Due no later than Jun 30, 2010 Annual Report Form 1. Mailing Address: Correct in this box if needed. CKL CORPORATION KORI CONKLIN PO BOX 12 PARMA ID 83660		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				KORI CONKLIN 27529 SHELTON RD PARMA ID 83660 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE			16 1 7	(- I' - D			
4. Corporations: Enter Na Office Held	mes and Busin Name	ess addresses of Preside	ent, Secretary, and Directors. Treasure Street or PO Address	City	State	Country	Postal Code
PRESIDENT	KORI L CONKLIN		P O BOX 12	PARMA	ID	USA	83660
5. Organized Under the Laws of: ID C 173747		6. Annual Report must be signed.* Signature: Kori Conklin Name (type or print): Kori Conklin		Date: 04/14/2010 Title: President			
		* Electronically provided signatures are accepted as original signatures.					