

No. C 126686	Due no later than Dec 31, 2000 Annual Report Form		2. Registered Agent and Office 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 applicable MORRISON CPAS, P.A. DEBBIE M MORRISON 320 E 5TH AVE POST FALLS, ID 83854		DEBBIE M MORRISON 320 E 5TH AVE POST FALLS, ID 83854																		
	POST FALLS, ID 83854		3. New Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President / Director</td> <td>Sherry J Morrison</td> <td>320 E 5th Ave</td> <td>Post Falls</td> <td>ID</td> <td>83854</td> </tr> <tr> <td>Secretary / Director</td> <td>Debbie M Morrison</td> <td>320 E 5th Ave</td> <td>Post Falls</td> <td>ID</td> <td>83854</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President / Director	Sherry J Morrison	320 E 5th Ave	Post Falls	ID	83854	Secretary / Director	Debbie M Morrison	320 E 5th Ave	Post Falls	ID	83854
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5. Organized Under the Laws of: IDAHO C 126686	6. Signature <u>Sherry J Morrison</u> Date <u>10/11/00</u> Name <small>(Typed or Printed)</small> <u>Sherry J Morrison</u> Title: <u>President</u> xxx																				

Issued 10/02/2000

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