No. C 123130		Due no later than Mar 31, 2010 Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO INTERMOUNTAIN CLAIMS, INC. DAN C WEEKS PO BOX 219 POCATELLO ID 83204		2. Registered Age	2. Registered Agent and Address (NO PO BOX) DAN WEEKS 923 N ARTHUR POCATELLO ID 83204 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				923 N ARTHUR POCATELLO ID				
4. Corporations: Enter Nam	nes and Busin	ess Addresses of	President, Secretary, and Directors. Trea	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY PRESIDENT	TARY ROBERT WAGEMAN ENT MARK INGERSOLL		P.O. BOX 219 P.O. BOX 2486 1543 E. 3300 S. P. O. BOX 4367	POCATELLO TWIN FALLS SALT LAKE CITY BOISE	ID ID UT ID	USA USA USA USA	83204 83303 84106 83711	
5. Organized Under the Laws of:		6. Annual Repo	rt must be signed.*					
ID C 123130		Signature: Ronda Robbins		Date: 01/14/2010	Date: 01/14/2010			
		Name (type or print): Ronda Robbins		Title: Payroll Admi	Title: Payroll Admin/Employee Bene			
Processed 01/14/2010	* Electronically provided signatures are accepted as original signatures.							