No. <b>C 80213</b>		Due	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		JOHN C HEP	JOHN C HEPWORTH 133 SHOSHONE ST. NORTH TWIN FALLS ID 83303  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.		00 10 00 00 00 00 00 00 00 00 00 00 00 0				
		HEPWORTH, LEZAMIZ & JANIS, CHARTERED. JOHN C HEPWORTH P.O. BOX 389 TWIN FALLS ID 83303						
NO FILING FEE IF		TWIN FALLS ID 83303		3. <u>New</u> Registere				
RECEIVED BY DUE DATE								
4. Corporations: Enter Name	es and Busine	ess Addresses of Pi	resident, Secretary, and Directors. Treasu	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT J. CHARLES		HEPWORTH	P. O. BOX 389	TWIN FALLS	ID	USA	83303-0389	
DIRECTOR J			P. O. BOX 389	TWIN FALLS	ID	USA	83303-0389	
SECRETARY F	ETARY ROBYN M B		P. O. BOX 389	TWIN FALLS	ID	USA	83303-0389	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 80213		Signature: Mary Olson		Date	Date: 10/09/2008			
		Name (type or print): Mary Olson		Title	Title: Administrator			
Processed 10/09/2008 * Electronically provided signatures are accepted as original signatures.								