

No. W 48779

Due no later than March 31, 2008  
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:  
SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

NORTH IDAHO PROFESSIONAL SERVICES,  
PO BOX 438  
SAGLE, ID 83860

PETER M HALLOCK CPA  
2583 LAKESHORE DR  
SAGLE, ID 83860

NO FILING FEE IF  
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MEMBER	PETER M HALLOCK	2583 LAKESHORE DR	SAGLE	ID	83860

5. Organized Under the Laws of:

IDAHO  
W 48779

6.

Signature

Date

1-13-08

Name (Typed or Printed)

PETER M HALLOCK

Title

MEMBER

Issued 01/02/2008

Do Not Tape or Staple

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