No. **C 101889**	**Due no later than Apr 30, 2007** **Annual Report Form**	2. Registered Agent and Address **(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 needed.** EMPLOYEE BENEFIT MANAGEMENT SERVICES, INC. FREDERICK H LARSON PO BOX 21367 BILLINGS MT 59104	PRENTICE-HALL CORP SYSTEM 1401 SHORELINE DR STE 2 BOISE ID 83702 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	NICKI LARSON	2075 OVERLAND AVENUE	BILLINGS	MT	USA	59102
DIRECTOR	FREDERICK H LARSON	2075 OVERLAND AVENUE	BILLINGS	MT	USA	59102
DIRECTOR	KEVIN LARSON	2075 OVERLAND AVENUE	BILLINGS	MT	USA	59102
DIRECTOR	KIRSTEN MAILLOUX	2075 OVERLAND AVENUE	BILLINGS	MT	USA	59102

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
MONTANA **C 101889**	Signature: Kevin Larson	Date: 04/13/2007
	Name (type or print): Kevin Larson	Title: Sr. Vice President

Processed 04/13/2007

* Electronically provided signatures are accepted as original signatures.