No. <b>C 156394</b>	Due no later than Sep 30, 2010		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720	Annual Report Form  1. Mailing Address: Correct in this box if needed.  COWDEN, FNP CHTD  HEATHER M KOHRING  141 MORRISON ST  TWIN FALLS ID 83301		141 MORRISO	HEATHER M COWDEN  141 MORRISON ST  TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Register	3. New Registered Agent Signature:*			
4. Corporations: Enter Names and Busin	ness Addresses of	President, Secretary, and Directors. Trea	surer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT HEATHER M	1 KOHRING	141 MORRISON ST	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:	6. Annual Repor	t must be signed.*					
ID	Signature: He	eather Kohring		Date: 08/17/2010			
C 156394	Name (type o	Name (type or print): Heather Kohring		Title: President			
Processed 08/17/2010	* Electronically provided signatures are accepted as original signatures.						