No. <b>C 159264</b>	Due no later than Mar 31, 2009		2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form  1. Mailing Address: Correct in this box if needed.  MCKEEGAN ASSOCIATES, INC.  MATTHEW MCKEEGAN  PO BOX 1227  SALMON ID 83467		MATTHEW J MCKEEGAN 15 PINE ST SALMON ID 83467  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080						
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held Name	Stre	eet or PO Address	City	State	Country	Postal Code
PRESIDENT MATTHEW	J MCKEEGAN PO	BOX 1042	SALMON	ID	USA	83467-8346
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID	Signature: Matthew McKeegan		Date: 01/11/2009			
C 159264	Name (type or print): Matthew McKeegan		Title: President			
Processed 01/11/2009	* Electronically provided signatures are accepted as original signatures.					