No. <b>C 164493</b>		C	ue no later than Jan 31, 2008	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		CONTROL NOTE OF SOMEONE	TRACY COCHRAN  25 S LATAH ST  BOISE ID 83705  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		T. Mailing Address. Correct in this box if freeded.		BOISE ID				
NO FILING FEE IF RECEIVED BY DUE DATE				g. 14 tu 01				
4. Corporations: Enter Nam	nes and Busin	ess Addresses o	f President, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR TRACY COCHRAN DIRECTOR GINA LAUER PRESIDENT BART COCHRAN		1310 N 13TH ST. 2688 S MONTAUK AVE 1310 N 13TH ST.	BOISE BOISE BOISE	ID ID ID	USA USA USA	83702 83709 83702		
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: T	racy Cochran		Date: 12/10/2007			
C 164493		Name (type	or print): Tracy Cochran		Title: Director			
Processed 12/10/2007 * Electronically provided signatures are accepted as original signatures.								