

| No. <b>C 138707</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Due no later than April 30, 2004</b><br><b>Annual Report Form</b>                                                |                                                                                                      | 2. Registered Agent and Office <b>NO PO BOX</b>                 |                    |             |                               |             |              |            |           |             |               |            |  |       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------|-------------|-------------------------------|-------------|--------------|------------|-----------|-------------|---------------|------------|--|-------|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>                                                                                                                                                                                                                                                                                               | 1. Mailing Address (Correct in this box if applicable)<br>DOC NET, INC.<br><br>PO BOX 3620<br><br>KETCHUM, ID 83340 |                                                                                                      | CARE JA COUJR<br>99 MORNING STAR RD<br><br>SUN VALLEY, ID 83353 |                    |             |                               |             |              |            |           |             |               |            |  |       |
| 3. <u>New</u> Registered Agent Signature                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                     |                                                                                                      |                                                                 |                    |             |                               |             |              |            |           |             |               |            |  |       |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.<br><table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>CARE JACOUR</td> <td>P.O. BOX 3629</td> <td>KETCHUM ID</td> <td></td> <td>83340</td> </tr> </tbody> </table> |                                                                                                                     |                                                                                                      |                                                                 | <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | PRESIDENT | CARE JACOUR | P.O. BOX 3629 | KETCHUM ID |  | 83340 |
| <u>Office held</u>                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>Name</u>                                                                                                         | <u>Street or P.O. Address</u>                                                                        | <u>City</u>                                                     | <u>State</u>       | <u>Zip</u>  |                               |             |              |            |           |             |               |            |  |       |
| PRESIDENT                                                                                                                                                                                                                                                                                                                                                                                                                                            | CARE JACOUR                                                                                                         | P.O. BOX 3629                                                                                        | KETCHUM ID                                                      |                    | 83340       |                               |             |              |            |           |             |               |            |  |       |
| 5. Organized Under the Laws of:<br><br>IDAHO<br>C 138707                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                     | 6.<br>Signature <u>CARE JACOUR</u> Date <u>4/23/04</u><br>Name (Typed or Printed) <u>CARE JACOUR</u> |                                                                 |                    |             |                               |             |              |            |           |             |               |            |  |       |

5/2004

Do Not Tape or Staple