No. <b>C 101875</b>			2. Registered A	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			HAROLD KLASSEN 2050 S 2950 W ABERDEEN ID 83210  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.						
		FIRST STREET MEETING ROOM, INC. HAROLD KLASSEN 2054 S 2950 W ABERDEEN ID 83210						
NO FILING FEE IF		USA						
RECEIVED BY DUE DATE								
4. Corporations: Enter Na	ames and Busin	ess Addresses o	f President, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	HAROLD KLASSEN		2054 S 2950 W	ABERDEEN	ID	USA	83210	
TREASURER	MICHAEL S BRIEN		2930 W 2100 S	ABERDEEN	ID	USA	83210	
SECRETARY	MICHAEL KLASSEN		2092 S 2900 W	ABERDEEN	ID	USA	83210	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 101875		Signature: N		Date: 05/01/2011				
		Name (type or print): Michael S. Brien			Title: Treasurer			
Processed 05/01/2011	* Electronically provided signatures are accepted as original signatures.							