| No. C 180700 | Due no later than Nov 30, 2009 | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|---|--|----------------------|---|------------------|---------|-------------|--|
| Return to: | Annual Report Form | | TONI M HIM | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON | 1. Mailing Address: Correct in this box if needed. QBSOLUTIONS, INC. TONI M HIMMELMAN 3089 E BONVIEW DR BOISE ID 83712 | | 3089 E BONVIEW DR BOISE ID 83712 | | | | |
| PO BOX 83720 BOISE, ID 83720-0080 | | | | | | | |
| | | | 3. <u>New</u> Registered Agent Signature:* | | | | |
| 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 | | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT TONI M HIMMELMAN 3089 E. BONVIEW DR. | | BOISE | ID | USA | 83712 | | |
| 5. Organized Under the Laws of: 6. Annual Report must be signed.* | | | | | | | |
| ID | Signature: Toni M. Himmelman | | | Date: 09/16/2009 | | | |
| C 180700 | C 180700 Name (type or print): Toni M. Himmelman | | Title: President | | | | |
| Processed 09/16/2009 | * Electronically provided signatures are accepted as original signatures. | | | | | | |