

|  |                  |  |       |  |                                      |             |  |
|--|------------------|--|-------|--|--------------------------------------|-------------|--|
| No. <b>C 163193</b>  |                  | <b>Due no later than Oct 31, 2009</b>  |       | 2. Registered Agent and Address <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> |                  | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>SUSAN T. MCDONALD, INC.<br>SUSAN MCDONALD<br>14950 SPRING CREEK WAY<br>BOISE ID 83714<br>USA |       | SUSAN T MCDONALD<br>14950 SPRING CREEK WAY<br>BOISE ID 83714 |                                      |             |  |
|  |                  |  |       | 3. <u>New</u> Registered Agent Signature: *                  |                                      |             |  |
| 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  | SUSAN T MCDONALD | 9401 BURNETT DR  | BOISE | ID   | USA                                  | 83709       |  |
| 5. Organized Under the Laws of:<br><br><b>FL</b><br><b>C 163193</b>  |                  | 6. Annual Report must be signed.*<br>Signature: Susan T McDonald<br>Name (type or print): Susan T McDonald   |       |  | Date: 08/17/2009<br>Title: President |             |  |
| Processed 08/17/2009   |                  | * Electronically provided signatures are accepted as original signatures.  |       |  |                                      |             |  |