| No. C 157593 | | Due no later than Dec 31, 2007 | | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--------------------------------------|---|--|------------------|---|----------------|-------------------|-------------------------|
| Return to: | | Annual Report Form | | MERLEN D FULLMER | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. FULLMER ENTERPRISES INCORPORATED MERLEN D FULLMER 386 QUINCY TWIN FALLS ID 83301 | | _ | 386 QUINCY TWIN FALLS ID 83301 3. New Registered Agent Signature:* | | | |
| | | | | | | | | |
| 4. Corporations: Enter Na | mes and Busin | ess Addresses of | President, Secretary, and Directors. Tre | easurer (| optional). | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| TREASURER SECRETARY PRESIDENT | BARRY A. F SHARON N. MERLEN D. | FULLMER | 386 QUINCY 386 QUINCY 386 QUINCY | | TWIN FALLS TWIN FALLS TWIN FALLS | ID ID ID | USA USA USA | 83301 83301 83301 |
| 5. Organized Under the Laws of: ID C 157502 | | 6. Annual Report must be signed.* Signature: Merlen D. Fullmer | | | Date: 12/31/2007 | | | |
| C 157593 Processed 12/31/2007 | | Name (type or print): Merlen D. Fullmer * Electronically provided signatures are accepted as original signatures. | | | | | | |