| No. C 100170 | Du | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | | |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------|-------------------------------------|------------------|--------------------------|--|
| Return to: | | Annual Report Form | A 40C ADDICON AVE E CTE C | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | GOODING MAN JON JEFFREY PO BOX 1717 | | | TWIN FALLS ID 83301 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | TWIN FALLS 1 | ID 83303-1717 | 3. <u>New</u> Registere | 3. New 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 | |
| SECRETARY PAULA JEAN GOODING PRESIDENT JON JEFFREY GOODING | | P.O. BOX 1717 P.O. BOX 1717 | TWIN FALLS TWIN FALLS | ID ID | USA USA | 83303-1717 83303-1717 | |
| 5. Organized Under the Laws of: 6. Annual | | must be signed.* | | | | | |
| ID Signatu | | e: Jon Jeffrey Gooding Date: 09/16/2008 | | | | | |
| C 100170 | Name (type or | Name (type or print): Jon Jeffrey Gooding | | | Title: President | | |
| Processed 09/16/2008 | * Electronically provided signatures are accepted as original signatures. | | | | | | |