| No. C 156200 | Due no later than Aug 31, 2005 | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|---|---|-------|---------|-------------|
| Return to: | Annual Report Form | KAREN POSADA | | | |
| SECRETARY OF STATE | 1. Mailing Address: Correct in this box if needed. | GARDEN CREEK RD CHALLIS ID 83226 0000 | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | POSADA & ASSOCIATES, INC. KAREN POSADA PO BOX 879 | 3. New Registered Agent Signature:* | | | |
| | CHALLIS ID 83226 0000 | | | | |
| 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 KAREN POS | SADA PO BOX 879 | CHALLIS | ID | USA | 83226 |
| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | | | | |
| INDIA NA | Signature: Karen Posada | Date: 09/21/2005 | | | |
| C 156200 | Name (type or print): Karen Posada | Title: President | | | |
| Processed 09/21/2005 | * Electronically provided signatures are accepted as original signatures. | | | | |