

No. C 103266		Due no later than Sep 30, 2007		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. SPECIALTY FULFILLMENT CENTER, INC. KATHLEEN ROMA 17TH AVE SOUTH #3 NAMPA ID 83651		KATHLEEN ROMA 11473 W COLONY BOISE ID 83709			
				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	
DIRECTOR	SCOTT A RICHEY	11473 W COLONY	BOISE	ID	USA	83709	
DIRECTOR	KATHLEEN ROMA	11473 W COLONY	BOISE	ID	USA	83709	
5. Organized Under the Laws of: ID C 103266		6. Annual Report must be signed.* Signature: Scott A. Richey Name (type or print): Scott A. Richey Date: 07/30/2007 Title: Director					
Processed 07/30/2007		* Electronically provided signatures are accepted as original signatures.					