No. W 45796	Due no later than December 31, 2008 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREI PO BOX 83720	1. Mailing Address - Correct in this box, it applicable	LAURENCE B REINHART 2777 W 17TH N IDAHO FALLS, ID 83402
NO FILING FEE IF	IDATO FALES, ID 65403	3. New Registered Agent Signature
RECEIVED BY DUE DATE	anies: Enter Names and Addresses of Managers.	
Office held Name	Street or P.O. Address City	
manager, Laure	nce Reinhaut, P.O. Box 51535 eph Belloff, P.O. Box 51535	, Idaho Salls , Id,
manager, Jos	eph Belloff, P.O. Box 51535	Jdaho Palls, Id.
0 /	· ,	83405
	1/h	
5. Organized Under the Laws of	6. Signature W/SUUU	Date 10-14-08
IDAHO W 45796	Name Printed Toe Bello H	Title Manager
Issued 10/01/2008	Do Not Tape or Staple	200812007917