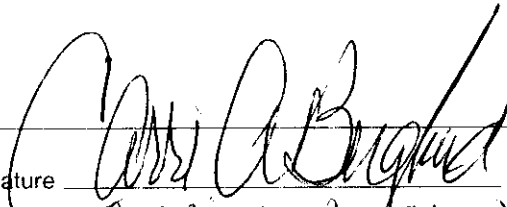


No. C 140949	Due no later than October 31, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		CARRI BERGLUND 409 E 6TH AVE POST FALLS, ID 83854																		
	BODY, INC. (THE) 409 E 6TH AVE POST FALLS, ID 83854																				
		3. <u>New</u> Registered Agent Signature																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>CARRI A BERGLUND</td> <td>409 E 6TH AVE</td> <td>POST FALLS</td> <td>ID</td> <td>83854</td> </tr> <tr> <td>Secretary</td> <td>MARK L. BERGLUND</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	CARRI A BERGLUND	409 E 6TH AVE	POST FALLS	ID	83854	Secretary	MARK L. BERGLUND				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																
President	CARRI A BERGLUND	409 E 6TH AVE	POST FALLS	ID	83854																
Secretary	MARK L. BERGLUND																				
5. Organized Under the Laws of: IDAHO C 140949		6.  Signature _____ Date <u>10/11/04</u> Name <u>CARRI A. BERGLUND</u> Title <u>President</u>																			