<u> </u>	- W-1.M.W.			1.4	1.650	
No. C 149459	Due no later t	2. Registered Agent and Office (NOT A P.O. BOX)				
Return to:	Annual Report Form		JAMES D LARSON			
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.		19 RED BLUFF RD			
	BARFCO		BOISE ID 83716			
	19 RED BLUFF RD		New Registered Agent Signature.			
no filing fee if	BOISE ID 83716	,	, .			
RECEIVED BY DUE DATE		w ·	r z			
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and(optional) Treasurer.						
Office Held Nam	ie	Street or PO Address	City	State	Country	Postal Code
COORDINATOR L	ARSON, JAMES	D. 19 Red Black Rd	80158	t D	Bons	83716
Coordinated MECDERIC TERRY COORDINATED BRASSUM DAN		8 Klundue KD	<i>j</i> t	1.6	**	K
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5. Organized Under the Law		7				_/ /
IDAHO	Signature:	Mon		•	Date:	13/10
	Nama (harana nai	nt): James D LA			Title:	
C 149459	name (type or pri	W. AKMES D LA	rson		Title:	LIVATOR
Issued 04/26/2010 by LJM					1 1 1	102555
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INSTRUCTIONS FOR THE IDAHO ANNUAL DEPART