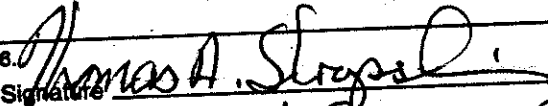


No. C 109078	Due no later than January 31, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable PROMISES, INC. C/O THOMAS W CALLERY PO BOX 854 LEWISTON, ID 83501		THOMAS W CALLERY 1304 IDAHO LEWISTON, ID 83501																		
NO FILING FEE IF RECEIVED BY DUE DATE	3. New Registered Agent Signature																				
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.																					
<table border="1"> <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>THOMAS A. SHROPSHIRE</td> <td>3032 MAYFAIR DR.</td> <td>LEWISTON, ID</td> <td></td> <td>83501</td> </tr> <tr> <td>SECRETARY</td> <td>JAMIE C. SHROPSHIRE</td> <td>3032 MAYFAIR DR.</td> <td>LEWISTON, ID</td> <td></td> <td>83501</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	THOMAS A. SHROPSHIRE	3032 MAYFAIR DR.	LEWISTON, ID		83501	SECRETARY	JAMIE C. SHROPSHIRE	3032 MAYFAIR DR.	LEWISTON, ID		83501			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																
PRESIDENT	THOMAS A. SHROPSHIRE	3032 MAYFAIR DR.	LEWISTON, ID		83501																
SECRETARY	JAMIE C. SHROPSHIRE	3032 MAYFAIR DR.	LEWISTON, ID		83501																
5. Organized Under the Laws of: IDAHO C 109078	6. Signature  Name (Typed or Printed) <u>THOMAS A. SHROPSHIRE</u>		Date <u>Jan 31, 2008</u> Title <u>PRESIDENT</u>																		

Issued 11/01/2007

Do Not Tape or Staple

200801001776