

No. C 163515	Due no later than Nov 30, 2006 Annual Report Form	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	1. Mailing Address: Correct in this box if needed. SCIPHRE INSTITUTE, INC. CARLTON HARVEY 2493 BLAINE RD MOSCOW ID 83843	CARLTON F HARVEY 2493 BLAINE RD MOSCOW ID 83843				
		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	CARLTON F HARVEY	2493 BLAINE RD	MOSCOW	ID	USA	83843
5. Organized Under the Laws of: IDAHO C 163515	6. Annual Report must be signed.* Signature: Carlton Harvey Name (type or print): Carlton Harvey		Date: 12/06/2006 Title: Executive Director			
Processed 12/06/2006		* Electronically provided signatures are accepted as original signatures.				