No. C 163196			2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form 1. Mailing Address: Correct in this box if needed. RMA STAIRS & TRIM, INC. GABRIELE ANDERSON 28653 N TARGHEE RD ATHOL ID 83801		28653 N TA ATHOL ID	CHRISTOPHER ANDERSON 28653 N TARGHEE RD ATHOL ID 83801 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and Busin	ess Addresses of Presid	ent, Secretary, and Directors. Treasu	rer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT CHRISTOPHE	R C ANDERSON	28653 N. TARGHEE RD.	ATHOL	ID	USA	83801	
5. Organized Under the Laws of:	6. Annual Report must be signed.*						
ID	Signature: Gabriele		Date: 08/11/2010				
C 163196	Name (type or print): Gabriele Anderson			Title: Vice President			
Processed 08/11/2010	* Electronically provided signatures are accepted as original signatures.						