No.		Due no later than 8/31/2009 Annual Report Form			Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		<u> </u>			STEVEN G SEAMONS 515 5TH ST RUPERT ID 83350 3. New Registered Agent Signature:			
		1. Mailing Address: Correct in this box if needed BOOK STORE AND OFFICE SUPPLY, INC. (THE) STEVEN G SEAMONS PO BOX 516						
		RUPERT ID 83350						
	rporations: Effler Names an te Held Name		.=	or PO Ade		City	State	Zip
Pre		Seamons-		Box		Ruperti	Id	83350
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5 O	ganized Under the Laws of:	6. Annual Report plust	the signed	11				
J. ()	ID	Signature:	in the	Ske	me-	c	Date: <u>9-0</u> Title: <u>CLL</u>	21-09
	C 107196	Name(type or print):	Stece	n G	Seam	<u>019</u>	itle: <u>Clu</u>	rea
Issu	ued 9/18/2009 by SLD						200	908001206