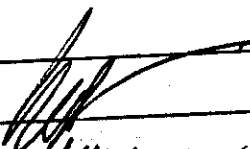


No. C 78079 Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than March 31, 2008 Annual Report Form 1. Mailing Address - Correct in this box, if applicable MARK C. KLINGERMANN, ARCHITECT, CHAR MARK C. KLINGERMANN P.O. BOX 1312 SUN VALLEY, ID 83353	2. Registered Agent and Office NO PO BOX MARK C. KLINGERMANN 220 EAST AVE KETCHUM, ID 83340 3. <u>New</u> Registered Agent Signature																											
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Office held</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or P.O. Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Zip</th> </tr> </thead> <tbody> <tr> <td>PRES.</td> <td>MARK KLINGERMANN</td> <td>P.O. 1712</td> <td>SUNDALLY</td> <td>ID</td> <td>83703</td> </tr> <tr> <td>SEC.</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>DIRECTOR</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>	Office held	Name	Street or P.O. Address	City	State	Zip	PRES.	MARK KLINGERMANN	P.O. 1712	SUNDALLY	ID	83703	SEC.	"	"	"	"	"	DIRECTOR	"	"	"	"	"					
Office held	Name	Street or P.O. Address	City	State	Zip																								
PRES.	MARK KLINGERMANN	P.O. 1712	SUNDALLY	ID	83703																								
SEC.	"	"	"	"	"																								
DIRECTOR	"	"	"	"	"																								
5. Organized Under the Laws of: IDAHO C 78079	6. Signature  Name (Typed or Printed) <u>MARK KLINGERMANN</u> Date <u>2-1-08</u> Title <u>PRESIDENT</u>																												
200803000844																													

Issued 01/02/2008

Do Not Tape or Staple