No. C 67548 Return to:	Due no later than August 31, 2008 Annual Report Form 1. Mailing Address - Correct in this box. If applicable and the second of		2. Registered Agent and Office NO PO BOX		
SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080			PRIEST RIVER, ID 83856		
NO FILING FEE IF RECEIVED BY DUE DATE					Agent Signature
" Corporations: Enter Name	s and Business Addresses of Preside	nt, Secretary	and Direc	tors.	
Office held Name President Martin Neg Vice Pres Doug Cash Fiscal Off Linda Kin Director Gary deBla Director Brian Orr Director John Conno Director Chad Summe	Street or P.O. Address [le PO Box 249 7687 Kelso Lake Rd [gery PO Box 42] [quiere PO Box 458 PO Box 3501	City Priest Priest Priest	River River River River River River	State ID ID ID ID ID ID ID ID	83856
5. Organized Under the Laws of: IDAHO C 67548	6. Signature Martin Name (Typed or Martin)	Negle Negle		ite le <i>P(</i>	n Inlog resident