No. C 49334 Return to:	Due no later than 4/30/2009 Annual Report Form	2. Registered Agent and Address (NO PO BOX)		
SECRETARY OF STATE 450 NORTH FOURTH STREE PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed	DOROTHY SCOTT 19 SUNSET VIEW ST MARIES ID 83861 3. New Registered Agent Signature:		
Office Held Name COMMODORE JONI SECRETARY-TREAS. DO DIRECTOR JUD DIRECTOR LISA DIRECTOR PRIS	LOTHY SCOTT 19 SUNSET VIEW HARVEY 89178 HWY. 3 N.	CITY ST. MARIES ST. MARIES ST. MARIES ST. MARIES ST. MARIES ST. MARIES HARRISON	State 1D 1D 1D 1D 1D 1D 1D 1D 1D 1	Zip 8386/ 8386/ 8386/ 8386/ 8386/ 8386/ 8386/
5. Organized Under the Laws of: ID C 49334 Issued 2/25/2009 by LJM	6. Annual Report must be signed. Signature:	Date:	3-2 8€c	-09 -78608.

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

- **BLOCK 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected addressmust be inside Block 1.
- **BLOCK 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**
- **BLOCK 3:** Only a **new** registered agent must sign in Block 3.
- **BLOCK 4:** Enter names and business addresses of president, secretary and directors (for corporations only), managers/members (for LLC's only), one or more general partners (for LP's only). **Note: Putting** "same as last year" or "same as above" or leaving the block blank will not be accepted. Changes here will not affect the address in Block 1. Be sure to include office held for each name listed.
- **BLOCK 5:** May not be altered through the use of this form.
- **BLOCK 6:** The annual report must be signed by a person authorized to represent the corporation/LLC/LP. Print or type the name and title of the signer below the signature.

** The image of this form will be available on the Internet once it is filed. DO <u>NOT</u> enter Social Security Numbers.

If the (Corporation/Limited Liability Company/Limited Partnership) is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on our website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost the the (Corporation/Limited Liability Company/Limited Partnership), to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

POSTMARK DATES WILL NOT BE ACCEPTED