

No. C 148570	Due no later than April 30, 2008		2. Registered Agent and Office 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	Annual Report Form		ROBERT OSTROWSKI																			
	1. Mailing Address - Correct in this box, if applicable ALLIANCE MOVING INC. ROBERT OSTROWSKI 100 E SPRUCE 5071 Building Center Dr. COEUR D ALENE, ID 83814 83815		100 E SPRUCE 5071 Building Center Dr. COEUR D ALENE, ID 83814 83815 3. New Registered Agent Signature																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Pres.</td> <td>Robert Ostrowski</td> <td>5071 Building Center</td> <td>CdA</td> <td>ID.</td> <td>83815</td> </tr> <tr> <td>Sec.</td> <td>Sandra Williams</td> <td>5071 Building Center</td> <td>CdA</td> <td>ID.</td> <td>83815</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Pres.	Robert Ostrowski	5071 Building Center	CdA	ID.	83815	Sec.	Sandra Williams	5071 Building Center	CdA	ID.	83815
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Sec.	Sandra Williams	5071 Building Center	CdA	ID.	83815																	
5. Organized Under the Laws of: IDAHO C 148570		6. Signature <u>[Signature]</u> Date <u>2-19-08</u> Name (Typed or Printed) <u>Robert Ostrowski</u> Title <u>Pres.</u>																				

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