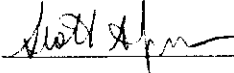
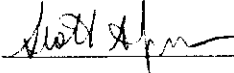
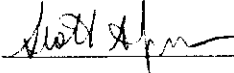


No. C 95824	Due no later than July 31, 2004 Annual Report Form	2. Registered Agent and Office NO PO BOX SCOTT JONES 103 EAST 2ND AVE POST FALLS, ID 83854 421 S, Lochsa St.																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable LEAGUE OF ST. MICHAEL, INC. (THE) SCOTT A JONES 421 S LOCHSA POST FALLS, ID 83854	3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Pres/Dir</td> <td>Scott A. Jones</td> <td>5897 E Lacewood</td> <td>Post Falls</td> <td>ID</td> <td>83854</td> </tr> <tr> <td>Administrator/ Director</td> <td>Charlotte A. Jones</td> <td>4518 E Alpine</td> <td>Post Falls</td> <td>ID</td> <td>83854</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Pres/Dir	Scott A. Jones	5897 E Lacewood	Post Falls	ID	83854	Administrator/ Director	Charlotte A. Jones	4518 E Alpine	Post Falls	ID	83854
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5. Organized Under the Laws of: <div style="text-align: center;">IDAHO C 95824</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature </td> <td style="width: 40%;">Date <u>5/21/04</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>SCOTT A. JONES</u></td> <td>Title <u>ADMINISTRATOR</u></td> </tr> </table>		Signature 	Date <u>5/21/04</u>	Name (Typed or Printed) <u>SCOTT A. JONES</u>	Title <u>ADMINISTRATOR</u>														
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