

No. C 55950	Due no later than June 30, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX												
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 SODA SPRINGS CHAMBER OF COMMERCE, I PO BOX 697 SODA SPRINGS, ID 83276		SHEILA DAWNS 9 W 2ND SOUTH SODA SPRINGS, ID 83276 3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>Travene Armstrong</td> <td>PO Box 697</td> <td>Soda Springs</td> <td>ID</td> <td>83276</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>		Travene Armstrong	PO Box 697	Soda Springs	ID	83276
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
	Travene Armstrong	PO Box 697	Soda Springs	ID	83276										
5. Organized Under the Laws of: IDAHO C 55950		6. Signature <u><i>Robert M. Ward</i></u> Date _____ Name <small>(Typed or Printed)</small> _____ Title _____													