

No. <b>C 126984</b>	<b>Due no later than Jan 31, 2011</b> <b>Annual Report Form</b>	2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) <b>JOE A WITHERSPOON</b> 490 S 100 W JEROME ID 83338
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> FORKLIFT DOCTOR, INC. JOE A WITHERSPOON 490 S 100 W JEROME ID 83338	3. <u>New</u> Registered Agent Signature.

  

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
Pres.	JOE Witherspoon	490 S. 100 W.	Jerome	ID.	U.S.A.	83338
Vice-pres.	Lynn Witherspoon	490 S. 100 W.	Jerome	ID.	U.S.A.	83338

  

5. Organized Under the Laws of:  <div style="text-align: center;"> <b>IDAHO</b>  <b>C 126984</b> </div>	6. <table style="width: 100%;"> <tr> <td style="width: 70%;">Signature: <u>Joe Witherspoon</u></td> <td style="width: 30%;">Date: <u>1/31/11</u></td> </tr> <tr> <td>Name (type or print): <u>JOE WITHERSPOON</u></td> <td>Title: <u>pres.</u></td> </tr> </table>	Signature: <u>Joe Witherspoon</u>	Date: <u>1/31/11</u>	Name (type or print): <u>JOE WITHERSPOON</u>	Title: <u>pres.</u>
Signature: <u>Joe Witherspoon</u>	Date: <u>1/31/11</u>				
Name (type or print): <u>JOE WITHERSPOON</u>	Title: <u>pres.</u>				

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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM