No. C 155377 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720	Due no later than June 30, 2005 Annual Report Form 1. Mailing Address - Correct in this box. if applicable COLLEGE ASSISTANCE MIGRANT PROGRAM 322 MAIN ST	2. Registered Agent and Office NO PO BOX EDWIN L LITTENEKER 322 MAIN ST LEWISTON, ID 83501
NO FILING FEE IF RECEIVED BY DUE DATE	LEWISTON, ID 83501	New Registered Agent Signature
Corporations: Enter Nam	nes and Business Addresses of President, Secre	tary and Directors.
Office held Name	Ctroot as FLO & LL	ity <u>State</u> <u>Z</u> ip
5. Organized Under the Laws of:	6. Signature	
C 155377	Name (Type) or Elem Call	ndo Title Resident
Issued 04/01/2005	Do Not Tape or Staple	200506003661

AND THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND THE PERSON NAME