| No. C 83657 | Due no later than Apr 30, 2012 | | 2. Registere | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|--|----------------|---|---------|-------------|--|
| Return to: | Annual Report Form | | | PATRICIA S WELLS | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing Address: Correct in this box if needed. WELLS & BENSON, CPA, P.A. PATRICIA S WELLS P. O. BOX 1664 IDAHO FALLS ID 83402 | | | 482 IDAHO FALLS ID 83402 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Corporations: Enter Names and Busin | ness Addresses of Presid | lent, Secretary, and Directors. Treasure | er (optional). | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT PATRICIA S | WELLS-NOBLE | 1655 EAST 65TH NORTH | IDAHO FAL | LS ID | USA | 83402 | |
| 5. Organized Under the Laws of: | 6. Annual Report must | | | | | | |
| l ID | ID Signature: Patricia S. Wells-Noble | | | Date: 02/10/2012 | | | |
| C 83657 | Name (type or print | | Title: Pres. | | | | |
| Processed 02/10/2012 | * Electronically provided signatures are accepted as original signatures. | | | | | | |