No. C 142337 Return to:	Due no later than January 31, Annual Report Form		2. Registered Agent	and Office NO PO BOX
PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address • Correct in this box, if applicable • TIMBER RIDGE PROGRAM, INC. MR KIM R PEARSON 452 E SUNNYSIDE RD SANDPOINT, ID 83864		MR KIM R PEASON 452 E SUNNYSIDE RD SANDPOINT, ID 83864	
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Name of the Corporations of the Corporation of			3. New Registered A	gent Signature
Office held Name	and Business Addresses of Presiden	t, Secretar	y and Directors.	
PRESIDENT KIM PEARSON	Street or P.O. Address 452 E. SUNNYSIDE ROAD	<u>City</u> SANDP	State	<u>Zip</u>
DIRECTOR MARCIA PEARSON	452 E. SUNNYSIDE ROAD	SANDPO		83864 83864
DIRECTOR MARK SCOTT	1610 S. BULL RIVER ROAD	NOXON	MT	59853
DIRECTOR CINDY SCOTT	1610 S. BULL RIVER ROAD	NOXON	МТ	59853
Organized Under the Laws of:	6.		·	
IDAHO C 142337	Signature R.	Pan	~~-Date ZS	75A 08
Issued 11/01/2007	Name Printed Kim R. F	ears	Title Pre	sident
	Do Not Tape or Staple			1003279