

No. <b>C 123130</b>		Due no later than Mar 31, 2009 <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON 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> IDAHO INTERMOUNTAIN CLAIMS, INC. DAN C WEEKS PO BOX 219 POCATELLO ID 83204		DAN WEEKS 923 N ARTHUR POCATELLO ID 83204		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	JOHN E WEEKS	P.O. BOX 219	POCATELLO	ID	USA	83204
TREASURER	DANIEL C WEEKS	P.O. BOX 219	POCATELLO	ID	USA	83204
SECRETARY	ROBERT WAGEMAN	P.O. BOX 2486	TWIN FALLS	ID	USA	83303
PRESIDENT	MARK INGERSOLL	1543 E. 3300 S.	SALT LAKE CITY	UT	USA	84106
PRESIDENT	DAVID R WARD	P. O. BOX 4367	BOISE	ID	USA	83711
5. Organized Under the Laws of:  <b>ID C 123130</b>		6. Annual Report must be signed.* Signature: Ronda Robbins Name (type or print): Ronda Robbins Date: 01/13/2009 Title: Employee Benefits/Payroll Admi				
Processed 01/13/2009		* Electronically provided signatures are accepted as original signatures.				