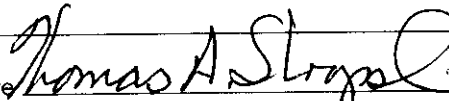


No. C 109078	Due no later than January 31, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		THOMAS W CALLERY 1304 IDAHO												
	PROMISES, INC. C/O THOMAS W CALLERY PO BOX 854 LEWISTON, ID 83501		LEWISTON, ID 83501 3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>PRESIDENT THOMAS A. SHROPSHIRE</td> <td>3032 MAYFAIR DR.</td> <td>LEWISTON</td> <td>ID</td> <td>83501</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		PRESIDENT THOMAS A. SHROPSHIRE	3032 MAYFAIR DR.	LEWISTON	ID	83501
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
	PRESIDENT THOMAS A. SHROPSHIRE	3032 MAYFAIR DR.	LEWISTON	ID	83501										
5. Organized Under the Laws of: IDAHO C 109078	6. Signature  Date <u>JAN 18, 2004</u> Name (Typed or Printed) <u>THOMAS A. SHROPSHIRE</u> Title <u>PRESIDENT</u>														