No. <b>C 126150</b>			Due no later than Oct 31, 2005	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			LAURENCE G PARSONS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  RIGHT! SOLUTIONS, INCORPORATED  MARIA A PARSONS  2112 S. GRANT STREET  BOISE ID 83706 0000		BOISE ID	411 S 5TH STREET BOISE ID 83702 0000  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter N	Names and Busin	iess Addresses o	f President, Secretary, and Directors. Trea	asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	MARIA A P.	ARSONS	2112 S. GRANT	BOISE	ID	USA	83706	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
IDA HO		Signature: N		Date: 11/18/2005				
C 126150		Name (type	or print): Maria Parsons		Title: VPresident			
Processed 11/18/2005 * Electronically provided signatures are accepted as original signatures.								