Due no later than May 31, 2007 Annual Report Form 1. Mailing Address - Correct in this box, if applicable in the policy of the	2. Registered Agent and Office NO PO BOX LAURA L THOMPSON 241 S TITAN PL. KUNA, ID 83634 3. New Registered Agent Signature two (2) or more partners.
erships: Enter Names and Business Addresses of	two (2) or more partners.
ALL.	
Street or P.O. Address No. Box 206 Kon	na ID 83634
6. Signature Church of Whompson Name Printed) Laura L Thompson	\mathfrak{I}
	Hompson P.O. Box 206 Kor GAlloway P.O. Box 206 Ku Signature Church Y Homy