

No. C 70151	Due no later than 6/30/2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		RAY BARSNESS 661 CRESTVIEW DRIVE TWIN FALLS ID 83301 3. <u>New</u> Registered Agent Signature:
	COLLECTORS POSTE, INC. RAY BARSNESS 661 CRESTVIEW DRIVE TWIN FALLS ID 83301		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.			
Office Held	Name	Street or PO Address	City State Zip
PRES	JOHN BARSNESS	661 CRESTVIEW DR	TWIN FALLS ID 83301
SEC/TREAS	RAY BARSNESS	661 CRESTVIEW DR	TWIN FALLS ID 83301
DIRECTOR	JOHN BARSNESS	661 CRESTVIEW DR	TWIN FALLS ID 83301
DIRECTOR	RAY BARSNESS	661 CRESTVIEW DR	TWIN FALLS ID 83301
DIRECTOR	BONNIE BARSNESS	661 CRESTVIEW DR	TWIN FALLS ID 83301
5. Organized Under the Laws of: ID C 70151		6. Annual Report must be signed. Signature: <u>Ray Barsness</u> Date: <u>4-22-09</u> Name(type or print): <u>RAY BARSNESS</u> Title: <u>Sec/TREAS</u>	