No. W 11611 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than March 31, 20 Annual Report Form 1. Mailing Address - Correct in this box, if an annual Report Form 1. Mailing Address - Correct in this box, if an annual Report Form 1. Mailing Address - Correct in this box, if an annual Report Form 1. Mailing Address - Correct in this box, if an annual Report Form 1. Mailing Address - Correct in this box, if an annual Report Form 1. Mailing Address - Correct in this box, if an annual Report Form 1. Mailing Address - Correct in this box, if an annual Report Form 1. Mailing Address - Correct in this box, if an annual Report Form 1. Mailing Address - Correct in this box, if an annual Report Form 1. Mailing Address - Correct in this box, if an annual Report Form 1. Mailing Address - Correct in this box, if an annual Report Form 1. Mailing Address - Correct in this box, if an annual Report Form 1. Mailing Address - Correct in this box, if an annual Report Form 1. Mailing Address - Correct in this box, if an annual Report Form 1. Mailing Address - Correct in this box, if an annual Report Form 1. Mailing Address - Correct in this box, if an annual Report Form 1. Mailing Address - Correct in this box, if an annual Report Form 1. Mailing Address - Correct in this box, if an annual Report Form 1. Mailing Address - Correct in this box, if an annual Report Form 1. Mailing Address - Correct in this box, if an annual Report Form 1. Mailing Address - Correct in this box, if an annual Report Form 1. Mailing Address - Correct in this box, if an annual Report Form 1. Mailing Address - Correct in this box, if an annual Report Form 1. Mailing Address - Correct in this box, if an annual Report Form 1. Mailing Address - Correct in this box, if an annual Report Form 1. Mailing Address - Correct in this box, if an annual Report Form 1. Mailing Address - Correct in this box, if an annual Report Form 1. Mailing Address - Correct in this box, if an annual Report Form 1. Mailing Address - Correct in this box, if an annual Report Form 1. Mailing Address - Co	applicable R0	Registered Agent ar DBERT W NAHAS 12 S 17TH ST STE 3 DISE, ID 83702 New Registered Ag	
	ies: Enter Names and Addresses of Mar	nagers.		;
Office held Name	Street or P.O. Address	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager Ronald C	. Nahas 1 Bates Blvd. #200	Orinda	CA	94563
5. Organized Under the Laws of: IDAHO W 11611	6. Signature Name (Typed or Printed): Ronald C.	LC Nahas	Date1/	30/06 ager