Return to: SECRETARY OF STATE 1. Mailing		ter than February 28, 2006 Innual Report Form Less - Correct in this box, if applicable COMPANY, LIMITED (THE	2. Registered Agent and Office NO PO BOX H F MAGNUSON 413 CEDAR ST WALLACE, ID 83873 3. New Registered Agent Signature		
 Corporations: Enter Name 	es and Business A	Addresses of President, Secreta	ry and Directors.		
Office held Name	Street or P	P.O. Address Ci	ty <u>State</u>		<u>Zip</u>
Director H. F. M Director Eileen Director Thomas Director Marie M		12726 Timberside Box 146 130 W. Canyon View Dr. Box 469 2222 Canyon Road Box 469 230 NW Division St. 1469 Quail Hollow Rd.	Austin Wallace Long View Wallace Arcadia Wallace Gresham Harrisburg	TX ID WA ID CA ID OR PA	78727 83873 98632 83873 91006 83873 97030 17112
5. Organized Under the Laws of: IDAHO C 326		ture Dennis O'Brie	Date Zinnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnn		-05 retary
Issued 12/01/2005		Do Not Tape or Staple	2006	02006	304