No. C 171611	Annual Report Form 1. Mailing Address - Correct in this box, if applicable		2. Registered Agent and Office NO PO BO) LYLE SALL 203 FIRST AVE COUNCIL, ID 83612	
Return to: SECRETARY OF STATE				
450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080				
NO FILING FEE IF RECEIVED BY DUE DATE		3	. <u>New</u> Registered	Agent Signature
 Corporations: Enter Nam 	es and Business Addresses of Pres	ident, Secretary a	and Directors.	
Office held Name	Street or P.O. Address	City	<u>State</u>	<u>Zip</u>
PRESIDENT BARBARAS	ALL BOX 487	Councer	\mathcal{D}	83612
PRESIDON BARBARAS SEL/REAS. LYLESAUL	Box 487	Counter	Þ	83612
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5. Organized Under the Laws of: IDAHO	6. Signature Lyles	all	Date	/15/04
C 171611	Name (Typed or LYLE SALL		Title SELATRIBLES	
issued 12/01/2008	Do Not Tape or Si	pe or Staple 20		902004068
