

No. C 140147	Due no later than August 31, 2005		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form 1. Mailing Address - Correct in this box, if applicable BUTTERFLY MEDICINE INSTITUTE, INC. LILY FINCH 2900 N GOVERNMENT WAY #304 COEUR D'ALENE, ID 83815		LILY E FINCH 2900 N GOVERNMENT WAY #304 COEUR D'ALENE, ID 83815 3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>LILY FINCH</td> <td>2900 N GOVERNMENT WAY #304</td> <td>COEUR D'ALENE</td> <td>ID</td> <td>83815</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	LILY FINCH	2900 N GOVERNMENT WAY #304	COEUR D'ALENE	ID	83815
Office held	Name	Street or P.O. Address	City	State	Zip										
PRESIDENT	LILY FINCH	2900 N GOVERNMENT WAY #304	COEUR D'ALENE	ID	83815										
5. Organized Under the Laws of: IDAHO C 140147	6. Signature <u>Lily Finch</u> Name (Typed or Printed) <u>Lily Finch</u>			Date <u>6/23/05</u> Title <u>President</u>											

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