No. C 114218	Due no later than Mar 31, 2004 Annual Report Form	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**	Mailing Address - Please type or print if applicable SHADOW MOUNTAIN FRAMING, INC. ANGELA R CLIFFORD-BURR 151 ORCHARD KUNA, ID 83634	ANGELA R CLIFFORD-BURR 151 ORCHARD KUNA, ID 83634 3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
Pres	Angela R Clifford-Burr	151 Orchard Av.	KUNA	Id	83634
V.P.	Bruce Burr	151 orchard Ave.	KUNA	Id	83634

5. Organized Under the Laws of:	6.
IDAHO C 114218	Signature Angela R Clifford-Burr Date 4-12-04 Name (Typed or Printed) Angela R Clifford-Burr Title Pres.

Issued 04/08/2004

Do Not Tape or Staple

Fold, seal and mail this portion.

C C