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|---|-----------------|---|-------------|--|------------|
| No. C 106722 | | Due no later than Jun 30, 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 | | REEL WOMEN, INCORPORATED LORI-ANN MURPHY P O BOX 289 VICTOR, ID 83455 | | LORI ANN MURPHY 108 W CENTER ST #3 #4 VICTOR, ID 83455 | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. New Registered Agent Signature | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. | | | | | |
| <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> |
| PRESIDENT | LORI-ANN MURPHY | PO BOX 289 | VICTOR | ID | 83455 |
| SECRETARY | SARAH M. VROOM | PO BOX 289 | VICTOR | ID | 83455 |
| 5. Organized Under the Laws of: WYOMING C 106722 | | 6. Signature <i>Lori Ann Murphy</i> Name (Printed) LORI-ANN MURPHY | | Date 7/13/04 Title PRESIDENT | |

Issued 07/13/2004 by KDW

Do Not Tape or Staple

Fold, seal and mail this portion.

Detach at this perforation and discard this lower portion.

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

BLOCK 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.

BLOCK 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

BLOCK 3: Only a new registered agent must sign in Block 2.

BLOCK 4: Enter names and business addresses of president, secretary and directors (for corporations only) or managers/members (for LLC's only). Note: Putting "same as last year" or "same as above" will not be accepted. Changes here will not affect the address in Block 1.

BLOCK 5: May not be altered through the use of this form.

BLOCK 6: The annual report must be signed by a person authorized to represent the corporation/LLC. Print or type the name and title of the signer below the signature.

** The image of this form will be available on the internet once it is filed. DO NOT enter Social Security Numbers.

If the (corporation/Limited Liability Company) is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on our website at www.idssa.state.id.us. However, if no timely annual report is filed, administrative action will be taken, at no cost to the (corporation/Limited Liability Company), to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

POSTMARK DATES WILL NOT BE ACCEPTED