RECEIVED BY DUE DATE 4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and(optional) Treasurer. Office Held Name Street or PO Address City State Country Postal Code President/ Arlene McClaim 1378 Targhee Dr. Twin Falls Id. Twin 83361 Secretary Falls 5. Organized Under the Laws of: IDAHO C 126460 Name (type or print): Arlene McClaim Title: Pres.			IC. I R	P.O ARI 137 TW	2. Registered Agent and Office (NOT A P.O. BOX) ARLENE MCCLAIN 1378 TARGHEE TWIN FALS ID 83301 3. New Registered Agent Signature.			
Office Held Name Street or PO Address City State Country Postal Code President / Arlene McClaim 1378 Targhee Dr. Twin Falls Id. Twin 83361 Secretary Falls 5. Organized Under the Laws of: IDAHO C 126460 Name (type or print): Arlene McClaim Date: 9/17/10 Title: Pres.	DATE	nes and Business Address	es of President, Secr	etary, Director	s and(opt	ional) Treasurer		
5. Organized Under the Laws of: IDAHO C 126460 Signature: Arlene McClaim Date: 9/17/10 Title: Pres.								
IDAHO C 126460 Signature: Arlene McClaim Date: 9/17/10 Title: Pres.	•	lene McClain	1378 Targ	hee Dr.	Twin			83301
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form