No. C 55648	Annual Report Form  1. Mailing Address - Correct in this box, if applicable		2. Registered Agent and Office NO PO BOX MARIE HASENOEHRL 123 BOULEVARD	
Return to:				
SECRETARY OF STATE				
700 WEST JEFFERSON PO BOX 83720	CRAIGMONT QUICK RESPONSE RES	SCUE UNI CI	CRAIGMONT, ID 83523	
BOISE, ID 83720-0080 BOX 445		) 	3. New Registered Agent Signature	
,	CRAIGMONT, ID 83523			
NO FILING FEE IF				
RECEIVED BY DUE DATE				
<ol> <li>Corporations: Enter Nar</li> </ol>	nes and Business Addresses of Pr	esident, Secretary ar	nd Directors.	
Office held Name	Street or P.O. Address	City	State	Zip
Pres. KAY OSBUR	EN P.O. Box 35	CRAIGMONT	ID	
Sec/TREAS SHARONK	THZER P.D. Box 174	CRAIGMON	IT ID	83523
5. Organized Under the Laws of:	6. 9/			
IDAHO	Signature Kay O	shin-	Date _3 -	7-05
C 55648	Name Printed C: KAY		Title PPE	SIDENT
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