| No. <b>C 100757</b>   |                  | Due no later than Jan 31, 2006 Annual Report Form  1. Mailing Address: Correct in this box if needed.  LANDECK, WESTBERG, JUDGE & GRAHAM, P.A. CHARLES L. GRAHAM 414 S JEFFERSON MOSCOW ID 83843 0000 |                        | 2. Registered A   | 2. Registered Agent and Address (NO PO BOX) |         |             |  |
|---|------------------|---|------------------------|---|---|---------|-------------|--|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080                               |                  |   |                        | CHARLES L. GRAHAM 414 S JEFFERSON MOSCOW ID 83843 0000  3. New Registered Agent Signature:* |   |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE  |                  |   |                        |   |   |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). |                  |   |                        |   |   |         |             |  |
| Office Held   | Name             |   | Street or PO Address   | City  | State                                       | Country | Postal Code |  |
| PRESIDENT   | RONALD J L       | ANDECK  | 414 S JEFFERSON STREET | MOSCOW  | ID  | USA     | 83843       |  |
| SECRETARY   | CHARLES L        | GRAHAM  | 414 S JEFFERSON STREET | MOSCOW  | ID  | USA     | 83843       |  |
| DIRECTOR  | RONALD J L       | ANDECK  | 414 S JEFFERSON STREET | MOSCOW  | ID  | USA     | 83843       |  |
| DIRECTOR  | JAMES L WESTBERG |   | 414 S JEFFERSON STREET | MOSCOW  | ID  | USA     | 83843       |  |
| DIRECTOR  | OR JOHN C JUDGI  |   | 414 S JEFFERSON STREET | MOSCOW  | ID  | USA     | 83843       |  |
| DIRECTOR  | CHARLES L        | GRAHAM  | 414 S JEFFERSON STREET | MOSCOW  | ID  | USA     | 83843       |  |
| 5. Organized Under the Laws of:   |                  | 6. Annual Repo  |                        |   |   |         |             |  |
| IDAHO<br>C 100757   |                  | Signature: Cl   |                        | Date: 11/09/2005  |   |         |             |  |
|   |                  | Name (type o  |                        | Title: Secretary  |   |         |             |  |
| Processed 11/09/2005 * Electronically provided signatures are accepted as original signatures.                    |                  |   |                        |   |   |         |             |  |