

No. C 112447

Due no later than October 31, 2007  
Annual Report Form

2. Registered Agent and Office **NO PO BOX**

Return to:  
SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

JOHN BROOKHART CPA PA  
A JOHN BROOKHART  
3768 E 107 N  
IDAHO FALLS, ID 83401

A JOHN BROOKHART  
3768 E 107 N  
UCON, ID 83454

**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	A. John Brookhart	3768 E 107 N	Ucon	ID	83454
Secretary	Leola K Brookhart	3768 E 107 N	Ucon	ID	83454

5. Organized Under the Laws of:

IDAHO  
C 112447

6.

Signature Leola K Brookhart Date 10-24-2007

Name (Typed or Printed) Leola K Brookhart Title Secretary