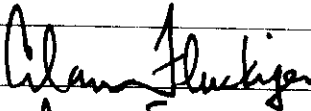
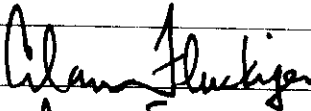
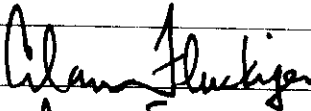


No. C 154243	Due no later than April 30, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable LIBERTY FINANCIAL SERVICES, INC. 1226 PARKE AVE BURLEY, ID 83318		ALAN L FLUCKIGER 1226 PARKE AVE BURLEY, ID 83318																		
			3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>PRES./DR.</td> <td>ALAN FLUCKIGER</td> <td>1226 PARKE AVE.</td> <td>BURLEY</td> <td>ID</td> <td>83318</td> </tr> <tr> <td>SECY/DR.</td> <td>DIANE FLUCKIGER</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	PRES./DR.	ALAN FLUCKIGER	1226 PARKE AVE.	BURLEY	ID	83318	SECY/DR.	DIANE FLUCKIGER	"	"	"	"
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