

| <b>No. C 107567</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Due no later than Sep 30, 2001<br/>Annual Report Form</b>                                                                                     |                               | <b>2. Registered Agent and Office NO PO BOX</b>                                                                    |                    |             |                               |             |              |            |             |                |                               |       |    |       |              |                |               |       |    |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------|-------------|-------------------------------|-------------|--------------|------------|-------------|----------------|-------------------------------|-------|----|-------|--------------|----------------|---------------|-------|----|-------|
| <b>Return to:</b><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1. Mailing Address - Correct in this box, if applicable</b><br><br>UNITED PAINTING, INC.<br>TRUDY STAGGIE<br>PO BOX 482<br><br>UCON, ID 83454 |                               | TRUDY STAGGIE<br>3416 E 109 N BOX 482<br><br>UCON, ID 83454<br><br><b>3. <u>New</u> Registered Agent Signature</b> |                    |             |                               |             |              |            |             |                |                               |       |    |       |              |                |               |       |    |       |
| <b>4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.</b><br><table border="0" style="width:100%"> <thead> <tr> <th style="text-align:left"><u>Office held</u></th> <th style="text-align:left"><u>Name</u></th> <th style="text-align:left"><u>Street or P.O. Address</u></th> <th style="text-align:left"><u>City</u></th> <th style="text-align:left"><u>State</u></th> <th style="text-align:left"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRESIDENT -</td> <td>TRUDY STAGGIE,</td> <td>3416 E. 109 N., P.O. Box 482,</td> <td>UCON,</td> <td>ID</td> <td>83454</td> </tr> <tr> <td>VICE PRES. -</td> <td>CHUCK STAGGIE,</td> <td>P.O. Box 482,</td> <td>UCON,</td> <td>ID</td> <td>83454</td> </tr> </tbody> </table> |                                                                                                                                                  |                               |                                                                                                                    | <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | PRESIDENT - | TRUDY STAGGIE, | 3416 E. 109 N., P.O. Box 482, | UCON, | ID | 83454 | VICE PRES. - | CHUCK STAGGIE, | P.O. Box 482, | UCON, | ID | 83454 |
| <u>Office held</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>Name</u>                                                                                                                                      | <u>Street or P.O. Address</u> | <u>City</u>                                                                                                        | <u>State</u>       | <u>Zip</u>  |                               |             |              |            |             |                |                               |       |    |       |              |                |               |       |    |       |
| PRESIDENT -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TRUDY STAGGIE,                                                                                                                                   | 3416 E. 109 N., P.O. Box 482, | UCON,                                                                                                              | ID                 | 83454       |                               |             |              |            |             |                |                               |       |    |       |              |                |               |       |    |       |
| VICE PRES. -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CHUCK STAGGIE,                                                                                                                                   | P.O. Box 482,                 | UCON,                                                                                                              | ID                 | 83454       |                               |             |              |            |             |                |                               |       |    |       |              |                |               |       |    |       |
| <b>5. Organized Under the Laws of:</b><br><br>IDAHO<br>C 107567                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>6.</b><br>Signature <u>Nancy Wade</u> Date <u>7/11/01</u><br>Name <small>(Typed or Printed)</small> <u>NANCY WADE</u> Title <u>BOOKKEEPER</u> |                               |                                                                                                                    |                    |             |                               |             |              |            |             |                |                               |       |    |       |              |                |               |       |    |       |