| No. C 143360 | | Due no later than Apr 30, 2011 | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|---|---|--|---|------------------|-------|---------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. CUSTOM PROGRAMMING INCORPORATED SHAWN M WRIGHT 632 KENNEDY CT MIDDLETON ID 83644 | | SHAWN WRIGHT 632 KENNEDY CT MIDDLETON ID 83644 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Corporations: Enter Name | es and Busin | ess Addresses of | President, Secretary, and Directors. Tre | easurer (| optional). | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| PRESIDENT S | SHAWN M \ | WRIGHT | 632 KENNEDY CT | | MIDDLETON | ID | USA | 83644 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Shawn Wright | | | Date: 04/13/2011 | | | |
| C 143360 | | Name (type or print): Shawn Wright | | | Title: President | | | |
| Processed 04/13/2011 | * Electronically provided signatures are accepted as original signatures. | | | | | | | |