No. C 94304	Due no later than January 31, 2008	2. Registered Agent and Office NO PO BOX
No. Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form 1. Mailing Address - Correct in this box, if applicable and MOUNTAIN SCHOOL OF PHILOSOPHY, INC. KARL LEWIES 22 W 1ST N ST ANTHONY, ID 83445	KARL LEWIES 22 W 1ST N ST ANTHONY, ID 83445 3. New Registered Agent Signature
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. 6. Office held Name Street or P.O. Address City State Zip 6. Pres. Toire - Karl Lewies ZZw. 15 N. St. Anthony ID 83445 6. Name Street or P.O. Address City St. Anthony ID 83445 6. Name Street or P.O. Address City St. Anthony ID 83445 6. Name Street or P.O. Address City St. Anthony ID 83445 6. Name Street or P.O. Address City St. Anthony ID 83445 6. Name Street or P.O. Address City St. Anthony ID 83445 6. Name Street or P.O. Address City St. Anthony ID 83445 6. Name Street or P.O. Address City St. Anthony ID 83445 6. Name Street or P.O. Address City St. Anthony ID 83445 6. Name Street or P.O. Address City St. Anthony ID 83445 6. Name Street or P.O. Address City St. Anthony ID 83445 6. Name Street or P.O. Address City St. Anthony ID 83445 6. Name Street or P.O. Address City St. Anthony ID 83445 6. Name Street or P.O. Address City St. Anthony ID 83445 6. Name Street or P.O. Address City St. Anthony ID 83445		
5. Organized Under the Laws of: IDAHO C 94304	6. Signature / Lell. Zandina Name (Typed or KARL H. Le	Date 2. Jan. 2008 Wies Title Flor. 200801001241