

|  |                   |   |            |   |         |  |  |
|--|-------------------|---|------------|---|---------|--|--|
| No. <b>C 135400</b>  |                   | <b>Due no later than Aug 31, 2011</b><br><b>Annual Report Form</b>  |            | 2. Registered Agent and Address ( <b>NO PO BOX</b> )          |         |  |  |
| Return to:<br><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 needed.</b><br><br>A.I.M. NORTHWEST, INC.<br>FRANCIS L. WILCOX<br>166 RIVER VISTA PL<br>TWIN FALLS ID 83301 |            | FRANCIS L WILCOX<br>166 RIVER VISTA PL<br>TWIN FALLS ID 83301 |         |  |  |
|  |                   |   |            |   |         | 3. <u>New</u> Registered Agent Signature:* |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).  |                   |   |            |   |         |  |  |
| Office Held  | Name              | Street or PO Address  | City       | State   | Country | Postal Code                                |  |
| PRESIDENT  | FRANCIS L. WILCOX | 166 RIVER VISTA PLACE   | TWIN FALLS | ID  | USA     | 83301                                      |  |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>C 135400</b>  |                   | 6. Annual Report must be signed.*<br><br>Signature: fRANCIS L WILCOX<br>Name (type or print): fRANCIS L WILCOX  |            |   |         |  |  |
|  |                   | Date: 06/24/2011<br>Title: President  |            |   |         |  |  |
| Processed 06/24/2011      * Electronically provided signatures are accepted as original signatures.  |                   |   |            |   |         |  |  |