| No. C 162955 | | Due no later than Oct 31, 2009 | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|---|--|---|----------|---|-------|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | I Report Form Correct in this box if needed. C. | | JAMES L PERRY 495 HWY 2 E OLDTOWN ID 83822 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Corporations: Enter Names and Bu | siness Addresses of President, | , Secretary, and Directors. Treas | surer (c | optional). | | | | |
| Office Held Name | Ş | Street or PO Address | | City | State | Country | Postal Code | |
| PRESIDENT JAMES L | PERRY | 195 HWY. 2 E. | | OLDTOWN | ID | USA | 83822 | |
| 5. Organized Under the Laws of: | anized Under the Laws of: 6. Annual Report must be signed.* | | | | | | | |
| ID | Signature: James L. Pe | Signature: James L. Perry | | Date: 08/14/2009 | | | | |
| C 162955 | C 162955 Name (type or print): James L. Perry | | | Title: President | | | | |
| Processed 08/14/2009 | * Electronically provided si | * Electronically provided signatures are accepted as original signatures. | | | | | | |