

No. **C 146917**

Due no later than Dec 31, 2004
Annual Report Form

2. Registered Agent and Office **NO PO BOX**

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

JAKO, INC.
CONNIE I BONOMI
5087 E SHORELINE DR

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5087 E SHORELINE DR

POST FALLS, ID 83854

**NO FILING FEE IF
RECEIVED BY DUE DATE**

POST FALLS, ID 83854

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Secretary	Connie Bonomi	5087 E. Shoreline Dr.	Post Falls,	ID	83854
President	Connie Bonomi	5087 E. Shoreline Dr.	Post Falls,	ID	83854
Directors	Connie + Bonomi Jack Bonomi	5087 E. Shoreline Dr.	Post Falls,	ID	83854

5. Organized Under the Laws of:

IDAHO
C 146917

6. Signature Connie Bonomi

Date 1/12/04

Name (Typed or Printed) Connie Bonomi

Title President