

No. C 39715	Due no later than 6/30/2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. CLARK FORK GRANGE 448, INC. CAROL HALKYARD 1072 MT VIEW RD PO BOX 377 CLARK FORK ID 83811		WILLIAM L HARP 53986 HWY 200 CLARK FORK ID 83811 3. New Registered Agent Signature:	
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.				
Office Held	Name	Street or PO Address	City	State Zip
MASTER	William L. HARP	53986 Hwy 200	CLARK FORK	Id 83811
SEC/TRES	CAROL C HALKYARD	PO BOX 377	CLARK-FORK	Id 83811
DIRECTOR	JOHN T. SIPLE	4108 MAIN	CLARK FORK	Id 83811
DIRECTOR	DONNA R HARP	53986 Hwy 200	CLARK FORK	Id 83811
5. Organized Under the Laws of:				
ID C 39715		6. Annual Report must be signed. Signature: <u>William L. HARP</u> Date: <u>8-1-09</u> Name(type or print): <u>William L. HARP</u> Title: <u>MASTER</u>		