| No. C 100404 | Due | Due no later than Dec 31, 2009 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|---|--|---|---|-------------------|-------------------------|--|
| Return to: | Α | | | THOMAS E BERTI | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | CLIFF VIEW ENT THOMAS E BER P O BOX 128 | 1. Mailing Address: Correct in this box if needed. CLIFF VIEW ENTERPRISES, INC. THOMAS E BERTI P O BOX 128 LAVA HOT SPRINGS ID 83246 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. Treasurer (optional). | | | | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| TREASURER VINCENT P. BERTI SECRETARY AUGUST P. BERTI DIRECTOR (FIRST_GREGORY A. BERTI | | 32 CROWN ROYAL DR. 161 SEARSVILLE RD. 1768 NORTHSTAR DRIVE | WILLIAMSVILLE SOUTH DENNIS PETALUMA | NY MA CA | USA USA USA | 14221 02660 94954 | |
| 5. Organized Under the Laws of: | 6. Annual Report n | 6. Annual Report must be signed.* | | | | | |
| ID | Signature: Thon | Signature: Thomas E. Berti | | Date: 10/22/2009 | | | |
| C 100404 | Name (type or p | Name (type or print): Thomas E. Berti | | | Title: President | | |
| Processed 10/22/2009 | * Electronically provided signatures are accepted as original signatures. | | | | | | |