No. C 144549	Due no later than Jul 31, 2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)				
Return to:			FOSTER CLINE MD				
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. EVERGREEN CONSULTANTS WEST, P.C. FOSTER CLINE MD 374 SUNNYSIDE UP			374 SUNNYSIDE UP SANPOINT ID 83864			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			SAINFOINI ID 63604				
	SANPOINT ID	SANPOINT ID 83864		3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and Bus	iness Addresses of P	resident, Secretary, and Directors. Treasure	r (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT FOSTER V	V. CLINE	374 SUNNYSIDE UP PRESIDENT	SANDPOINT	ID	USA	83864-9481	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	Signature: Foster Cline		Date: 05/18/2009				
C 144549	Name (type or print): Foster Cline		Title: President				
Processed 05/18/2009	* Electronically pro	* Electronically provided signatures are accepted as original signatures.					