No. <b>C 180054</b>		Due no later than Sep 30, 2011	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form	JOE F SILVA				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  SILVA'S CABINET SHOP, INC.  JOE F SILVA  3392 EAST 3788 NORTH  KIMBERLY ID 83341	3392 EAST 3788 NORTH KIMBERLY ID 83341  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE		USA					
4. Corporations: Enter I	Names and Busin	ess Addresses of President, Secretary, and Directors. Treasurer	(optional).				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT JOE F SILV		A 3392 EAST 3788 NORTH	KIMBERLY	ID	USA	83341	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Grace Silva	Date: 10/06/2011				
C 180054		Name (type or print): Grace Silva	Title: Administrative Assistant				
Processed 10/06/2011	* Electronically provided signatures are accepted as original signatures.						