

No. C 178039	Due no later than Apr 30, 2010 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. ORCHARD HOUSE, INC. (THE) KRIS THOMPSON 14949 SUNNYSLOPE ROAD CALDWELL ID 83607 USA		KRIS THOMPSON 15324 ECLIPSE DR CALDWELL ID 83607			
			3. <u>New</u> Registered Agent Signature:*			
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
DIRECTOR	SHEREE L MCCOY	680 WOODBRIDGE ROAD	ADRIAN	OR	USA	97901
DIRECTOR	ANNA K THOMPSON	15324 ECLIPSE DRIVE	CALDWELL	ID	USA	83607
5. Organized Under the Laws of: ID C 178039	6. Annual Report must be signed.* Signature: Sheree Mccoy Name (type or print): Sheree Mccoy		Date: 05/20/2010 Title: Director			
Processed 05/20/2010		* Electronically provided signatures are accepted as original signatures.				