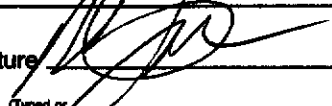


No. C 137747	Due no later than February 28, 2009	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form	MURRAY JIM SORENSEN
	1. Mailing Address - Correct in this box, if applicable CARL AND IMAGENE HOEHNER FAMILY FOU PO BOX 1047 BLACKFOOT, ID 83221	285 NW MAIN ST BLACKFOOT, ID 83221 3. <u>New</u> Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Carl Hoehner	7090 Running Iron Ln.	Pocatello	Idaho	83204
Manager	Imagene Hoehner	7090 Running Iron Ln.	Pocatello	Idaho	83204

5. Organized Under the Laws of: IDAHO C 137747	6.  Signature _____ Date <u>12/10/2008</u> Name (Typed or Printed) <u>Murray Jim Sorensen</u> Title <u>Reg. Agent</u>
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Issued 12/01/2008

Do Not Tape or Staple

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