

No. <b>C 168090</b> Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	Due no later than Jul 31, 2010 Annual Report Form  <b>1. Mailing Address: Correct in this box if needed.</b> JOE RAKE MASONRY, INC. CLEARANCE JOSEPH RAKE 436 1/2 AIRWAY AVE LEWISTON ID 83501	2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) CLEARANCE JOSEPH RAKE 436 1/2 AIRWAY AVE LEWISTON ID 83501  3. <u>New</u> Registered Agent Signature.														
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Pres</td> <td>JOE RAKE</td> <td>BOX 1471 436 1/2 Airway Ave</td> <td>Lewiston</td> <td>ID</td> <td>N</td> <td>83501</td> </tr> </tbody> </table> <i>Whisper</i>			Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Pres	JOE RAKE	BOX 1471 436 1/2 Airway Ave	Lewiston	ID	N	83501
Office Held	Name	Street or PO Address	City	State	Country	Postal Code										
Pres	JOE RAKE	BOX 1471 436 1/2 Airway Ave	Lewiston	ID	N	83501										
5. Organized Under the Laws of:  IDAHO C 168090	6. Signature: <i>Joe Rake, President</i> Name (type or print): <u>Joe Rake</u> Date: <u>9-1-10</u> Title: <u>Pres</u>															
Issued 08/30/2010 by KAH																

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### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be blank