

|                                                                                                                                                        |              |                                                                                                                                                |        |                                                         |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------|---------|-------------|--|
| No. <b>C 133395</b>                                                                                                                                    |              | <b>Due no later than Apr 30, 2009</b>                                                                                                          |        | 2. Registered Agent and Address <b>(NO PO BOX)</b>      |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |              | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>PAUL FORTE<br>PO BOX 3550<br>HAYDEN ID 83835 |        | PAUL FORTE<br>10833 N GOVERNMENT WAY<br>HAYDEN ID 83835 |         |             |  |
|                                                                                                                                                        |              |                                                                                                                                                |        | 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 |  |
| PRESIDENT                                                                                                                                              | PAUL D FORTE | PO BOX 3550                                                                                                                                    | HAYDEN | ID                                                      | USA     | 83835-3550  |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 133395</b>                                                                                          |              | 6. Annual Report must be signed.*<br>Signature: Paul Forte<br>Name (type or print): Paul Forte<br>Date: 04/13/2009<br>Title: President         |        |                                                         |         |             |  |
| Processed 04/13/2009                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                      |        |                                                         |         |             |  |