| No. C 168145 | D | Due no later than Jul 31, 2007 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--|---|-----------------------------------|---|---------|-------------|--|
| Return to: | Annual Report Form | | to one in the second data. Second | D PAUL CAMPAGNA | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing Address: Correct in this box if needed. DAVID P. CAMPAGNA, INC. DAVID P CAMPAGNA 184 LONG ISLAND DR TWIN FALLS ID 83301 | | TWIN FALLS | 184 LONG ISLAND DR TWIN FALLS ID 83301 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Corporations: Enter Names and Bus | iness Addresses of | President, Secretary, and Directors. Treas | urer (optional). | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT DAVID P. CAMPAGNA 184 LONG ISLAND DRIVE | | TWIN FALLS | ID | USA | 83301 | | |
| 5. Organized Under the Laws of: | rganized Under the Laws of: 6. Annual Report must be signed.* | | | | | | |
| IDAHO | Signature: D. | PAUL CAMPAGNA | | Date: 05/16/2007 | | | |
| C 168145 | Name (type o | Name (type or print): D. PAUL CAMPAGNA | | Title: PRESIDENT | | | |
| Processed 05/16/2007 | * Electronically p | * Electronically provided signatures are accepted as original signatures. | | | | | |