

No. C 141485		Due no later than Nov 30, 2008 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. CREEKERS HELPLINE, INC. FORD ELSAESER PO BOX 1049 SANDPOINT ID 83864		FORD ELSAESER 123 S THIRD AVE SANDPOINT ID 83864			
						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	FORD ELSAESER	P. O. BOX 1049	SANDPOINT	ID	USA	83864	
TREASURER	MARK R SCHUMACHER	ONE COLDWATER CREEK DRIVE	SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of: ID C 141485		6. Annual Report must be signed.* Signature: Ford Elsaesser Name (type or print): Ford Elsaesser					
		Date: 09/18/2008 Title: Director					
Processed 09/18/2008		* Electronically provided signatures are accepted as original signatures.					