

| | | | | | | | |
|--|----------------|---|----------|---|---------|------------------|--|
| No. C 134570 | | Due no later than Jun 30, 2011 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. CLELLAND CORP. TIM CLELLAND 802 BRYDEN AVE LEWISTON ID 83501 | | TIM CLELLAND 802 BRYDEN AVE LEWISTON ID 83501 | | | |
| | | | | 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 | TIM R CLELLAND | 1514 HEMLOCK AVE | LEWISTON | ID | USA | 83501 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID C 134570 | | Signature: Tim Clelland | | | | Date: 06/28/2011 | |
| | | Name (type or print): Tim Clelland | | | | Title: President | |
| Processed 06/28/2011 | | * Electronically provided signatures are accepted as original signatures. | | | | | |