No. C 120785		Due no later than Sep 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	OBRIEN, INC KATIE SHE 5431 HWY 2 PRIEST RIV	Annual Report Form 1. Mailing Address: Correct in this box if needed. OBRIEN, INC. KATIE SHELTON 5431 HWY 2 PRIEST RIVER ID 83856		KATIE SHELTON 5431 HWY 2 PRIEST RIVER ID 83856 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DAT 4. Corporations: Enter Names a		of President, Secretary, and Directors. Trea	surer (optional).				
Office Held Nam		Street or PO Address	City	State	Country	Postal Code	
	E A SHELTON CY S O'BRIEN	PO BOX 161 5431 HWY 2	SPIRIT LAKE PRIEST RIVER	ID ID	USA USA	83869 83856	
5. Organized Under the Laws o	f: 6. Annual Rep	5. Annual Report must be signed.*					
ID	Signature:	Signature: Katie Shelton			Date: 08/02/2011		
C 120785	Name (type	Name (type or print): Katie Shelton		Title: Secretary			
Processed 08/02/2011	* Electronically	* Electronically provided signatures are accepted as original signatures.					