

No. C 126984

Due no later than January 31, 2009

## Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

FORKLIFT DOCTOR, INC.  
JOE A WITHERSPOON  
490 S 100 W  
JEROME, ID 83338

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490 S 100 W  
JEROME, ID 83338

NO FILING FEE IF  
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Joe Witherspoon	490 S. 100 W.	Jerome	ID.	83338
Vice-Pres.	Lynn Witherspoon	490 S. 100 W.	Jerome	ID.	83338

5. Organized Under the Laws of:

IDAHO  
C 126984

6.

Signature

Joe Witherspoon

Date

1/20/09

Name

(Typed or Printed)

Joe Witherspoon

Title

President

Issued 11/05/2008

Do Not Tape or Staple

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