	Due no later than September 30,	2. Registered Agent and O ice NO PO BO
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form 1 Mailing Address - Correct in this box, if applicate ROBERT A. NORMAN, C.P.A., P.A. ROBERT NORMAN P. O. BOX 394	ROBERT NORMAN 155 2ND AVENUE NORTH TWIN FALLS, ID 83303
NO FILING FEE IF RECEIVED BY DUE DATE	TWIN FALLS, ID 83303	3. <u>New</u> Registered Agent Signature
4. Corporations: Ente	er Names and Business Addresses of President, S	Secretary and Directors.
Office held Name	Street or P.O. Address	City State Zip
Fres Ruber	th A Norman POBOX374 7 ie Harpster POBOX374 7	Twin Folls 70 83307
Director Ro	bert A Norman POBOX394	Twinkle 20 83303
5. Organized Under the Laws IDAHO C 64747	s of: 6. Signature Signature	Norman Date 7-8-04 Norman Title Pres