

No. C 85633	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  NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable  MIKEY'S, INC. GILBERT C HARVEY 527 SOUTH MAIN STREET MOSCOW, ID 83843		GILBERT C HARVEY 527 SOUTH MAIN STREET MOSCOW, ID 83843  3. New Registered Agent Signature																	
	4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>PARTNER</td> <td>LOUISE TODD</td> <td>527 S. Main St.</td> <td>MOSCOW</td> <td>IDAHO</td> <td>83843</td> </tr> <tr> <td>PARTNER</td> <td>GILBERT HARVEY</td> <td>527 S. Main St.</td> <td>MOSCOW,</td> <td>IDAHO</td> <td>83843</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	PARTNER	LOUISE TODD	527 S. Main St.	MOSCOW	IDAHO	83843	PARTNER	GILBERT HARVEY	527 S. Main St.	MOSCOW,	IDAHO
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PARTNER	GILBERT HARVEY	527 S. Main St.	MOSCOW,	IDAHO	83843															
5. Organized Under the Laws of:  IDAHO C 85633	6. Signature <u><i>G. C. Harvey</i></u> Date <u>1/23/09</u> Name (Typed or Printed) <u>BERT HARVEY</u> Title <u>OWNER</u>																			

Issued 11/05/2008

Do Not Tape or Staple

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