

No. C 122139	Due no later than Dec 31, 2009 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) KRISTIAN CORBRIDGE 270 N MAIN ABERDEEN ID 83210																					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. CORBRIDGE OIL CO. PO BOX 427 ABERDEEN ID 83210	3. <u>New</u> Registered Agent Signature.																					
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Office Held</th> <th style="width:20%;">Name</th> <th style="width:30%;">Street or PO Address</th> <th style="width:10%;">City</th> <th style="width:5%;">State</th> <th style="width:5%;">Country</th> <th style="width:10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Kris Corbridge</td> <td>PO Box 427</td> <td>Aberdeen</td> <td>ID</td> <td>Bingham</td> <td>83210</td> </tr> <tr> <td>Secretary</td> <td>Jolyn Corbridge</td> <td>PO Box 427</td> <td>Aberdeen</td> <td>ID</td> <td>Bingham</td> <td>83210</td> </tr> </tbody> </table>	Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Kris Corbridge	PO Box 427	Aberdeen	ID	Bingham	83210	Secretary	Jolyn Corbridge	PO Box 427	Aberdeen	ID	Bingham	83210		
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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO C 122139 </div>	6. <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; border-bottom: 1px solid black;"> Signature: </td> <td style="width:30%; border-bottom: 1px solid black;"> Date: 1-8-10 </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> Name (type or print): Jolyn Corbridge </td> <td style="border-bottom: 1px solid black;"> Title: Sec. </td> </tr> </table>		Signature:	Date: 1-8-10	Name (type or print): Jolyn Corbridge	Title: Sec.																	
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM