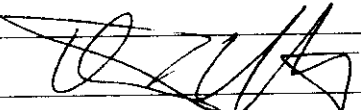


No. C 121221	Due no later than October 31, 2003		2. Registered Agent and Office NO PO BOX																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		THOMAS B HIGH																								
	1. Mailing Address - Correct in this box if applicable		126 SECOND AVE N																								
	SIXTYFIVE, INC. CRAIG ALLRED 1013 LINCOLN N TWIN FALLS, ID 83301		TWIN FALLS, ID 83301 3. <u>New</u> Registered Agent Signature																								
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Pres/Dir.</td> <td>Barry Lehman</td> <td>PO Box 366</td> <td>Twin Falls,</td> <td>ID</td> <td>83303-0366</td> </tr> <tr> <td>Secretary</td> <td>Craig Allred</td> <td>1013 Lincoln St. N.</td> <td>Twin Falls,</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Treasurer/Director -</td> <td>Kim Smurthwaite</td> <td>PO Box 366</td> <td>Twin Falls,</td> <td>ID</td> <td>83303-0366</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Pres/Dir.	Barry Lehman	PO Box 366	Twin Falls,	ID	83303-0366	Secretary	Craig Allred	1013 Lincoln St. N.	Twin Falls,	ID	83301	Treasurer/Director -	Kim Smurthwaite	PO Box 366	Twin Falls,	ID	83303-0366
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5. Organized Under the Laws of: IDAHO C 121221	6.  Signature _____ Date <u>12-8-03</u> Name (typed or Printed) <u>Thomas B. High</u> Title <u>Reg Agent</u>																										