

No. C 151871		Due no later than Nov 30, 2005		2. Registered Agent and Address (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 1. Mailing Address: Correct in this box if needed. CASTLEROCK CUSTOM CABINETS INC MICHAEL WELLS 121 PINE GAP RD HORSESHOE BEND ID 83629 0000		MICHAEL P WELLS 438 HWY 55 HORSESHOE BEND ID 83629 0000			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	MICHAEL P WELLS	121 PINE GAP RD	HORSESHOE BEND	ID	USA	83629	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
IDAHO C 151871		Signature: Michael Wells Name (type or print): Michael Wells			Date: 01/11/2006 Title: President		
Processed 01/11/2006		* Electronically provided signatures are accepted as original signatures.					