

No. C 176685		Due no later than Jan 31, 2011		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. LEAP CHARITIES, INC. BARTON C COCHRAN PO BOX 671 BOISE ID 83701-0671 USA		BARTON COCHRAN 1310 N 13TH ST BOISE ID 83702		
				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	BARTON COCHRAN	PO BOX 671	BOISE	ID	USA	83701-0671
DIRECTOR	MATT REININGER	PO BOX 671	BOISE	ID	USA	83701-0671
DIRECTOR	TRACY COCHRAN	PO BOX 671	BOISE	ID	USA	83701-0671
5. Organized Under the Laws of: ID C 176685		6. Annual Report must be signed.* Signature: Bart Cochran Name (type or print): Bart Cochran Date: 11/30/2010 Title: President				
Processed 11/30/2010		* Electronically provided signatures are accepted as original signatures.				