

No. <b>C 121750</b>		<b>Due no later than Dec 31, 2010</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  FOLKE CPAS, P.C. TIM S FOLKE PO BOX 100 PAYETTE ID 83661		TIMOTHY S FOLKE 11501 HWY 95 PAYETTE ID 83661			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	
DIRECTOR	ASHLEY M FOLKE	PO BOX 100	PAYETTE	ID	USA	83661-0100	
SECRETARY	CAROLYN A FOLKE	PO BOX 100	PAYETTE	ID	USA	83661-0100	
DIRECTOR	KURT R FOLKE	PO BOX 100	PAYETTE	ID	USA	83661-0100	
PRESIDENT	TIM S FOLKE	PO BOX 100	PAYETTE	ID	USA	83661-0100	
5. Organized Under the Laws of:  <b>ID</b> <b>C 121750</b>		6. Annual Report must be signed.*  Signature: Tim Folke Name (type or print): Tim Folke					
		Date: 10/10/2010 Title: President					
Processed 10/10/2010 * Electronically provided signatures are accepted as original signatures.							