No. <b>C 106823</b>		Due no later than Jun 30, 2011		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE	1 Maili	Annual Report Form  1. Mailing Address: Correct in this box if needed.  THREE S, INC. SCOTT SEARLE P.O. BOX H SHELLEY ID 83274 USA		SCOTT SEARLE 959 E. 1400 N. SHELLEY ID 83274  3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	THREE S, SCOTT S P.O. BOX						
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and	Business Addresse	es of President, Secretary, and Directors. Trea	surer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY BRYAN	SEARLE	P.O. BOX H	SHELLEY	ID	USA	83274	
5. Organized Under the Laws of:	6. Annual R	eport must be signed.*					
ID	Signature	e: Scott Searle		Date: 04/19/2011			
<b>C 106823</b> Name (		pe or print): Scott Searle	Title: Manager				
Processed 04/19/2011	* Electronica	* Electronically provided signatures are accepted as original signatures.					