No.			Due no later than 6/30/2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)		
Return to:			1. Mailing Address: Correct in this box if needed.		JACKIE LEE 301 S FRONT ST CASCADE ID 83611 3. New Registered Agent Signature:		
SECRETARY OF STATE							
450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080							
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Co	rporations: Ente	r Names and I	Business Addr	esses of President, Secretary and Directors.			
Offic	e Held	Name	***********	Street or PO Address	City	State	Zip
Ae	sident	Jackin	elee	P.O. BOX 942	Cascade,	Id	83611
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5. Ot	rganized Under 1	the Laws of:	6. Annual Rep	ort must be signed.			
ID C 167608		Signature: Date: 7/27/09				109.	
		Name(type or print): Tackie Lee Title: President				ident	