No. C 93024 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Due no later than Aug 31, 2007 Annual Report Form 1. Mailing Address: Correct in this box if needed. WESTSIDE PLAYERS, INCORPORATED TOM POTTER 1009 S 2ND P O BOX 116 POCATELLO ID 83204		2. Registered Ag	2. Registered Agent and Address (NO PO BOX) TOM POTTER 365 RIVERSIDE DR POCATELLO ID 83204 3. New Registered Agent Signature:*			
				365 RIVERSID POCATELLO I				
4. Corporations: Enter N	Names and Busin	ess Addresses of Pr	esident, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	TOM POWE	L	1009 S 2ND P.O. BOX 116	POCATELLO	ID	USA	83204	
DIRECTOR	DIANA POTTER		1009 S 2ND P.O. BOX 116	POCATELLO	ID	USA	83204	
DIRECTOR	MARNI MONTGOMERY		1009 S 2ND P.O. BOX 116	POICATELLO	ID	USA	83204	
DIRECTOR	TOM LEWIS		1009 S 2ND P.O. BOX 116	POCATELLO	ID	USA	83204	
DIRECTOR	LYNN LEONARD		1009 S 2ND P.O. BOX 116	POCATELLO	ID	USA	83204	
DIRECTOR	JACKIE CZEREPINSKI		1009 S 2ND P.O. BOX 116	POCATELLO	ID	USA	83204	
DIRECTOR	DAVID BLAKE		1009 S 2ND P.O. BOX 116	POCATELLO	ID	USA	83204	
DIRECTOR	STEVE MAHERAS		1009 S 2ND P.O. BOX 116	POCATELLO	ID	USA	83204	
SECRETARY			1009 S 2ND P.O. BOX 116	POCATELLO	ID	USA	83204	
PRESIDENT	TOM POTTER		1009 S 2ND P.O. BOX 116	POCATELLO	ID	USA	83204	
DIRECTOR	TRAVIS HOP	PKINS	1009 S. 2ND P.O. BOX 116	POCATELLO	ID	USA	83204	
5. Organized Under the Laws of: 6. Ann		6. Annual Report n	. Annual Report must be signed.*					
ID C 93024		Signature: Brian L. Grant Date: 08/17/2007						
		Name (type or print): Brian L. Grant			Title: Secretary			
Processed 08/17/2007		* Electronically prov	vided signatures are accepted as original	signatures.				