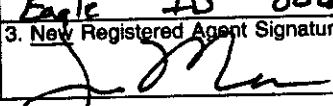
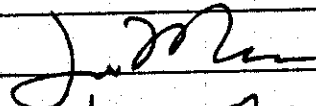
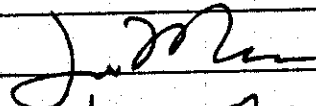
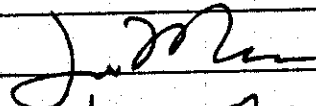


No. C 163287 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Nov 30, 2006 Annual Report Form 1. Mailing Address - Correct in this box, if applicable P.A.S.S., INC. KIMMIE K ROBB <i>Lisa Marie</i> 10210 W WHISPERING CLIFFS DR PO Box 2344 <i>Boise ID 83614</i> BOISE ID 83704	2. Registered Agent and Office NO PO BOX KIMMIE K ROBB <i>Lisa Marie</i> 10210 W WHISPERING CLIFFS DR 705 E Whiney Ct BOISE ID 83704 <i>Boise ID 83614</i> 3. New Registered Agent Signature 												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td><i>Mem</i></td> <td><i>Lisa Marie</i></td> <td><i>PO Box 2323</i></td> <td><i>Boise</i></td> <td><i>ID</i></td> <td><i>83614</i></td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<i>Mem</i>	<i>Lisa Marie</i>	<i>PO Box 2323</i>	<i>Boise</i>	<i>ID</i>	<i>83614</i>
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5. Organized Under the Laws of: IDAHO C 163287	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature  Name (Typed or Printed) <i>Lisa Marie</i> </td> <td style="width: 40%;"> Date <i>10-24-06</i> Title <i>Member</i> </td> </tr> </table>		Signature  Name (Typed or Printed) <i>Lisa Marie</i>	Date <i>10-24-06</i> Title <i>Member</i>										
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