No. <b>C 149796</b>	Due	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form H PRATT MATTHEWS					
700 WEST JEFFERSON HEALTHY E PO BOX 83720 PO ISSE ID 83720-0080 HEALTHY E H PRATT I		D RD STE 103	BOISE ID 8.	6003 OVERLAND STE 103 BOISE ID 83709  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Corporations: Enter Names and Busin	ness Addresses of F	resident, Secretary, and Directors. Trea	surer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
RESIDENT H PRATT MATTHEWS		5633 ELKHORN	BOISE	ID	USA	83705	
			BOISE	ID	USA	83709	
TREASURER M LOUISE \	SURER M LOUISE WARD		MURTAUGH	ID	USA	83344	
5. Organized Under the Laws of: 6. Annual Report n		must be signed.*					
ID Signature: M I		ouise Ward	Date: 07/09/2007				
C 149796	Name (type or print): M Louise Ward			Title: Treasurer			
Processed 07/09/2007	* Electronically provided signatures are accepted as original signatures.						