| No. C 36754 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 Sep 30, 2010 Annual Report Form 1. Mailing Address: Correct in this box if needed. WOODY'S INC. ELMER J CHRISTENSEN 329 S. WOODRUFF IDAHO FALLS ID 83401 | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) ELWOOD CHRISTENSEN 445 A STREET IDAHO FALLS ID 83401 3. New Registered Agent Signature:* | | | |
|---|----------------------------|--|--|---------------------------------------|--|---------|-------------|--|
| | | | | 445 A STRE IDAHO FALL 3. New Registe | | | | |
| 2004 | r Names and Busin | ess Addresses of P | resident, Secretary, and Directors. Trea | surer (optional). | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| DIRECTOR | CTOR JOANN CHRISTENSEN | | 1220 N 825 E | SHELLEY | ID | USA | 83274 | |
| DIRECTOR ELWOOD CHRIS | | IRISTENSEN | 1220 N 825 E | SHELLEY | ID | USA | 83274 | |
| SECRETARY | ECRETARY JOANN CHRISTENSEN | | 1220 N 825 E | SHELLEY | ID | USA | 83274 | |
| PRESIDENT | ELWOOD CHRISTENSEN | | 1220 N 825 E | SHELLEY | ID | USA | 83274 | |
| 5. Organized Under the Laws of: 6. Ar | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Elwo | | Date: 10/25/2010 | | | | |
| C 36754 | | Name (type or | | Title: Director | | | | |
| Processed 10/25/201 | 0 | * Electronically pro | vided signatures are accepted as origin | al signatures. | | | | |