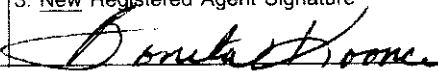
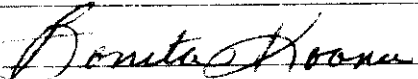
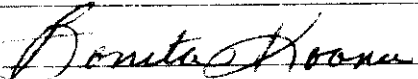
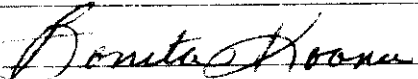


No. C 99041 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than July 31, 2005 Annual Report Form 1. Mailing Address - Correct in this box, if applicable WOOD RIVER, CORPORATION KEVIN C. KOONCE BONITA KOONCE 1070 E 2000 S 611 PINE ST. GOODING, ID 83330	2. Registered Agent and Office NO PO BOX KEVIN C. KOONCE BONITA R. 530 MAIN ST GOODING, ID 83330 KOONCE 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; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>SEC</td> <td>BONITA KOONCE</td> <td>611 PINE ST</td> <td>GOODING</td> <td>ID</td> <td>83330</td> </tr> <tr> <td>PRES</td> <td>KEVIN KOONCE</td> <td>861 GREENTREE T.F.</td> <td></td> <td></td> <td>83301</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	SEC	BONITA KOONCE	611 PINE ST	GOODING	ID	83330	PRES	KEVIN KOONCE	861 GREENTREE T.F.			83301
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5. Organized Under the Laws of: IDAHO C 99041	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Signature</td> <td style="width: 30%;"></td> <td style="width: 20%;">Date</td> <td style="width: 20%;">7/31/05</td> </tr> <tr> <td>Name <small>(Typed or Printed)</small></td> <td>BONITA KOONCE</td> <td>Title</td> <td>OWNER</td> </tr> </table>		Signature		Date	7/31/05	Name <small>(Typed or Printed)</small>	BONITA KOONCE	Title	OWNER										
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