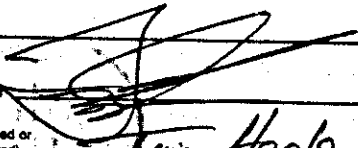


No. C 165174	Due no later than February 29, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX																			
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable ANSWERING SPECIALISTS, INC. PO BOX B BONNERS FERRY, ID 83805		SHEILA KRIER 6803 MAIN ST BONNERS FERRY, ID 83805																			
NO FILING FEE IF RECEIVED BY DUE DATE			3. New Registered Agent Signature																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Tim Harlan</td> <td>P.O. Box B</td> <td>Bonnors Ferry</td> <td>ID</td> <td>83805</td> </tr> <tr> <td>Secretary</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Tim Harlan	P.O. Box B	Bonnors Ferry	ID	83805	Secretary	"	"	"	"	"
Office held	Name	Street or P.O. Address	City	State	Zip																	
President	Tim Harlan	P.O. Box B	Bonnors Ferry	ID	83805																	
Secretary	"	"	"	"	"																	
5. Organized Under the Laws of: NEVADA C 165174		6. Signature  Name (Typed or Printed) <u>Tim Harlan</u> Date <u>2/13/08</u> Title <u>President</u>																				

Issued 12/03/2007

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