No. C 150310		Due no later than Aug 31, 2008		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. CTA INC. CHRISTI MOCK 13 N 23RD ST PO BOX 1439 BILLINGS MT 59103		DAVE TURNER 1185 GROVE ST BOISE ID 83702 3. New Registered Agent Signature:*			
4. Corporations: Enter	r Names and Busin	ess Addresses of Presid	lent, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	SCOTT WIL	SON	13 NORTH 23RD STREET	BILLINGS	MT	USA	59101
DIRECTOR	MIKE TUSS		13 NORTH 23RD STREET	BILLINGS	MT	USA	59101
DIRECTOR	DAVE TURNER		1185 GROVE STREET	BOISE	ID	USA	83702
DIRECTOR	DAN STEVENSON		1143 STONERIDGE DR	BOZEMAN	MT	USA	59718
DIRECTOR	DAVID MITCHELL		2 MAIN STREET STE 205	KALISPELL	MT	USA	59901
DIRECTOR	DR TIM MILLER		1185 GROVE STREET	BOISE	ID	USA	83703
DIRECTOR	ECTOR MARTIN BYRNES		701 2ND STREET SOUTH	GREAT FALLS	MT	USA	59405
DIRECTOR	CTOR KENT BRAY		306 WEST RAILROAD AVE STE 104	MISSOULA	MT	USA	59802
DIRECTOR	R JIM WERTMAN		13 NORTH 23RD STREET	BILLINGS	MT	USA	59101
DIRECTOR			13 NORTH 23RD STREET	BILLINGS	MT	USA	59101
SECRETARY			13 NORTH 23RD STREET	BILLINGS	MT	USA	59101
SECRETARY	JAMES G SI	HEPARD	13 NORTH 23RD STREET	BILLINGS	MT	USA	59101
5. Organized Under the Laws of: 6. Annual Report		6. Annual Report must	t be signed.*				
MT		Signature: Christi Mock		Date: 07/10/2008			
C 150310		Name (type or print	Title: Administrative Assistant				
Processed 07/10/2008		* Electronically provided signatures are accepted as original signatures.					