

No. C 102943	Due no later than 8/31/2009 Annual Report Form	2. Registered Agent and Address (NO PO BOX)																		
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. ACE PRINTING, INC. RALPH WOLTER PO BOX 188 TWIN FALLS ID 83303	MICHAEL C WOLTER 250 MAIN AVE N TWIN FALLS ID 83301																	
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.		3. New Registered Agent Signature:																		
<table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>MIKE WOLTER</td> <td>P.O. 188</td> <td>T.F.</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>SECRETARY</td> <td>MIKE WOLTER</td> <td>P.O. 188</td> <td>T.F.</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>	Office Held	Name	Street or PO Address	City	State	Zip	PRESIDENT	MIKE WOLTER	P.O. 188	T.F.	ID	83301	SECRETARY	MIKE WOLTER	P.O. 188	T.F.	ID	83301		
Office Held	Name	Street or PO Address	City	State	Zip															
PRESIDENT	MIKE WOLTER	P.O. 188	T.F.	ID	83301															
SECRETARY	MIKE WOLTER	P.O. 188	T.F.	ID	83301															
5. Organized Under the Laws of: ID C 102943	6. Annual Report must be signed. Signature: <u>Michael C Wolter</u> Date: <u>9-9-09</u> Name(type or print): <u>MIKE C. WOLTER</u> Title: <u>PRESIDENT</u>																			