No. C 89513	Due no later than May 31, 2005		2. Registered Agent and Office NO PO BOX	
Return to:	Annual Report Form  1. Mailing Address - Correct in this box, if applicable		CALVIN E. KIDNEY 4519 YORGASON WAY	
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	IDAHO STATE PACIFIC INTERNATION ROBERT MURPHEY CALVIN E-803 STHETS 4519 YORG NAMPA, ID 83651 BOISE, ID	ALT KIDNEY ASON WAY	BOISE, ID 83703-3145	
NO FILING FEE IF RECEIVED BY DUE DATE		والمال المال ا	May	ź
4. Corporations: Enter Nam	es and Business Addresses of Pre	esident, Secretary and	Directors.	7in
Office held Name	Street or P.O. Address	City	State	<u>Zip</u>
PRESIDENT VICE PRES SECRETARY TREASURER DIRECTOR  WAYNE PICKERILI DAVE MARTIN STEVE HAMMONE CALVIN KIDNEY JOHN BOOTH	P.O. BOX 262	BOISE HANSEN MT. HOME BOISE BOISE	ID ID ID ID	83702 83334 83647 83703 83705
5. Organized Under the Laws of:	6 Signature	Lag .		MMy 05
IDAHO C 89513		'IN E. KIDNEY	1 itle	TREASURER
Issued 03/01/2005 Do Not Tape or Staple		Stanle	200505004400	