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Trimelda McDaniels

No. C 165769	Due no later than Mar 31, 2007	2. Registered Agent and Office NO PO BOX
etum to:	Annual Report Form 55 1. Mailing Address - Correct in this box of applicable in the box of appl	TRIMELDA C MCDANIELS
SECRETARY OF STATE	SHADOW ROSE CONSULATIONS AND INVEST	5230 CANYON CREEK RD
700 WEST JEFFERSON PO BOX 83720	The state of the s	IDAHO FALLS, ID 83402
BOISE, ID 83720-0080	5230 CANYON CREEK RD	10ANO PACCS, 10 83402
	IDAHO FALLS, ID 83402	3. New Registered Agent Signature
	IDANO FALLS, ID 53-102	·
RECEIVED BY DUE DATE Corporations: Enter Name	es and Business Addresses of President, Secretan	v and Directors
Office held Name	Street or P.O. Address	State 7in
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perretary Speils III.	Nell, 421 H. Street Ida	hothis, LD 60 200
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Organized Under the Laws of:	15. () A 11. By 1	11/12 . 12.
•	Signature Pullelan (The	Andrew 04-17-07
IDAHO	X X X	, , , , , , , , , , , , , , , , , , ,
C 165769	Name Press IRINADA C MODAN	icls the President
Issued 04/17/2007 by t	LJG Do Not Tape or Staple	200703005340
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c • <u>•</u>	Detach at this perforation and discard this lower portion.	
• •		PORT FORM
INSTRU	Detach at this partoration and discard this lower portion. ICTIONS FOR THE IDAHO ANNUAL RELEASE attended through the use of this form. Pay special attended through the use of this form.	ention to the mailing address. If the correct
OCK 1: Entity name may not b	Detach at this partoration and discard this lower portion. ICTIONS FOR THE IDAHO ANNUAL RELEASE aftered through the use of this form. Pay special attention Block 1, strike it out and write in the correct address. No	ention to the mailing address, if the correct

BLOCK 3: Only a new registered agent must sign in Block 3.

BLOCK 4: Enter names and business addresses of president, secretary, and directors (for corporations only), managers/members (for LLC's Only), one or more general partners (for LP's only). Note: Putting "same as last year" or "same as above" or leaving the block blank will not be accepted. Changes here will not affect the address in Block 1. Be sure to include office held for each name listed.

BLOCK 5: May not be altered through the use of this form.

BLOCK 6: The annual report must be signed by a person authorized to represent the corporation/LLC/LP. Print or type the name and title of the signer below the signature.

" The Image of this form will be available on the Internet once it is filed. DO NOT enter Social Security Numbers.

If the (Corporation/Limited Liability Company/Limited Partnership) is no longer doing business in Idaho, you may file the appropriate form and fee Forms are available on our website at www.idaos.state.id.us. However, if no timely annual report is filed, administrative action will be taken, at no cost to the (Corporation/Limited Liability Company/Limited Partnership), to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

POSTMARK DATES WILL NOT BE ACCEPTED

REV. (9/06)