		Due no later than July 31, 2005 Annual Report Form 1. Mailing Address - Correct in this box, if applicable		2. Registered Agent and Office NO PO BOX
				CT CORPORATION SYSTEM 6 300 N 6TH ST
BOISE, ID 83720-0080		OKANE, WA 99209		2
NO FILING FEE IF				3 New Registered Agent Signature
RECEIVED BY DUE D	ATE			
4. Corporations:	Enter Names a	nd Busines	s Addresses of President, Secre	etary and Directors
Office held Name		Street or P.O		
PRESIDENT/DIR JEFFRY L PH SECRETARY LAURI A BIO		PHILIPPS 1819 E SOUTH RIDGE DR		State Zip SPOKANE IIA 99223
				LIBERTY LAKE WA 99019
ASST. SEC	BARBARA J S	MITH		SPOKANE WA 99224
DIRECTOR/COB	DEAN E SONN		1715 E 63RD AVE	SPOKANE WA 99223
DIRECTOR	DENNIS HORAN BILLY EARP JOHN C WHITE LARRY H HAYWARD		11555 W RIVERVIEW DR	POST FALLS ID 83854
DIRECTOR			1 STARBROOK DR	HENDERSON NV 89052
DIRECTOR			12392 WINWARD	
DIRECTOR			6908 E HUMMINGBIRD LN	ANACORTES WA 98221 PARADISE AZ 85253
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5. Organized Under the Laws of: WASHINGTON C 31972		6.	V ,	`
		Signature	Darbare & Am	Date 5/11/05
		Name Print	BARBARA J SMITH	Title ASST SECRETARY
Issued 05/02/2005		Do Not Tape or Staple		200507006045