No. C 177395	Due no later than February 28, 2009 Annual Report Form	2. Registered Agent and Office NO PO BOX
SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	BEN LOMAND, INC. 4036 N 3320 E TWIN FALLS, ID 83301	DAVID JENSEN 4036 N 3320 E TWIN FALLS, ID 83301
NO FILING FEE IF RECEIVED BY DUE DATE		3. New Registered Agent Signature
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.		
Office held Name	Street or P.O. Address City	<u>State</u> <u>Zip</u>
President Sourd for Source Source Jones Describes Source Jones	son 4036 N. 3320 E. Turi 4036 N. 3320 E. Turi 6-n 4636 N. 3820 E. Turi	f.11, 20 83.50) fers, 30 83301 fers, 20 8330)
5. Organized Under the Laws of:	6. Signature	Date 4/2/9
C 177395	Name Printed Caula Junes	Title Passel - A
Issued 12/01/2008	Do Not Tape or Staple	200902004587
