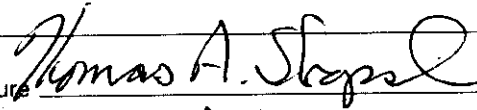


No. <b>C 109078</b>	<b>Due no later than January 31, 2006</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address - Correct in this box, if applicable</b>		THOMAS W CALLERY 1304 IDAHO LEWISTON, ID 83501																		
	PROMISES, INC. C/O THOMAS W CALLERY PO BOX 854 LEWISTON, ID 83501																				
3. <u>New</u> Registered Agent Signature																					
<p>4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.</p> <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>THOMAS A. SHROPSHIRE</td> <td>3032 MAYFAIR DRIVE,</td> <td>LEWISTON</td> <td>ID</td> <td>83501</td> </tr> <tr> <td>SECRETARY</td> <td>JAMIE C. SHROPSHIRE</td> <td>3032 MAYFAIR DRIVE,</td> <td>LEWISTON</td> <td>ID</td> <td>83501</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	PRESIDENT	THOMAS A. SHROPSHIRE	3032 MAYFAIR DRIVE,	LEWISTON	ID	83501	SECRETARY	JAMIE C. SHROPSHIRE	3032 MAYFAIR DRIVE,	LEWISTON	ID	83501
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<p>5. Organized Under the Laws of:</p> <p>IDAHO C 109078</p>	<p>6.   Signature _____ Date <u>Dec 21, 2005</u>  Name <small>(Typed or Printed)</small> <u>THOMAS A. SHROPSHIRE</u> Title <u>PRESIDENT</u></p>																				