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|--|----------------|---|-------------|--|---------|-------------|--|
| No. C 160720 | | Due no later than May 31, 2008 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. OMEGA PLAZA/MIDTOWN 50 B.O.A. INC. KIM OLSON - ACC 3363 N LAKEHARBOR LANE BOISE ID 83703 | | KIMBERLY A OLSON 3363 N LAKEHARBOR LN BOISE ID 83703 | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT | JIM GRUBER | 125 E 50TH ST | GARDEN CITY | ID | USA | 83714 | |
| DIRECTOR | TIM BEVER | 3624 AMBERGINA LANE | BOISE | ID | USA | 83703 | |
| SECRETARY | JODI WHITTAKER | 155 E 50TH ST | GARDEN CITY | ID | USA | 83714 | |
| 5. Organized Under the Laws of: ID C 160720 | | 6. Annual Report must be signed.* Signature: Kimberly Olson Name (type or print): Kimberly Olson Date: 03/11/2008 Title: Registered Agent | | | | | |
| Processed 03/11/2008 | | * Electronically provided signatures are accepted as original signatures. | | | | | |