No. C 160730 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. STOMP OUT MULTIPLE SCLEROSIS, INC. GARY L DAGASTINE 1642 E 16TH AVE		2. Registered	2. Registered Agent and Address (NO PO BOX) GARY L DAGASTINE 1642 E 16TH AVE POST FALLS ID 83854 3. New Registered Agent Signature:*			
				4.				
				3. <u>New</u> Regis				
4. Corporations: Ente	r Names and Busir	ess Addresses of	President, Secretary, and Directors. Trea	asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	GARY L DAGASTINE		1642 E 16TH AVENUE	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Ga		Date: 06/12/2007				
C 160730		Name (type o		Title: President				
Processed 06/12/200	7	* Electronically p	provided signatures are accepted as origin	nal signatures.				