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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------------|---------|-------------|--|
| No. <b>C 101517</b>                                                                                                                                    |                | <b>Due no later than Mar 31, 2010</b>                                                                                                           |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>          |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>1,4 GROUP, INC.<br>BRIAN D WARE<br>PO BOX 860<br>MERIDIAN ID 83680-0860<br>USA |          | DAROL FORSYTHE<br>2307 E COMMERCIAL ST<br>MERIDIAN ID 83642 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                 |          | 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                                                                                                                                              | DAROL FORSYTHE | PO BOX 860                                                                                                                                      | MERIDIAN | ID                                                          | USA     | 83680-0860  |  |
| SECRETARY                                                                                                                                              | JOHN FORSYTHE  | PO BOX 860                                                                                                                                      | MERIDIAN | ID                                                          | USA     | 83680-0860  |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 101517</b>                                                                                          |                | 6. Annual Report must be signed.*<br>Signature: Brian Ware<br>Name (type or print): Brian Ware<br>Date: 01/20/2010<br>Title: Controller         |          |                                                             |         |             |  |
| Processed 01/20/2010                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                       |          |                                                             |         |             |  |