| No. C 98119 | C | Due no later than Apr 30, 2010 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---------------------------|---|--------------------|---|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON | | Annual Report Form 1. Mailing Address: Correct in this box if needed. INLAND NW SERVICES, INC. CHERYL R CROUSE P O BOX 1101 LEWISTON ID 83501-1101 | | CHERYL R CROUSE 3204 FIFTH ST LEWISTON ID 83501 3. New Registered Agent Signature:* | | | |
| PO BOX 83720 BOISE, ID 83720-0080 | CHERYL R (P O BOX 110 | | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Corporations: Enter Names and | Business Addresses o | f President, Secretary, and Directors. Trea | asurer (optional). | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT CHERY | L R. CROUSE | P.O. BOX 1101 | LEWISTON | ID | USA | 83501 | |
| 5. Organized Under the Laws of: 6. Annual Report must be signed.* | | ort must be signed.* | | | | | |
| ID ID | Signature: 0 | Signature: Cheryl R. Crouse | | Date: 03/23/2010 | | | |
| C 98119 | Name (type | or print): Cheryl R. Crouse | | Title: Pres | | | |
| Processed 03/23/2010 | * Electronically | * Electronically provided signatures are accepted as original signatures. | | | | | |