

|                                                                                                                                                        |                 |                                                                                                                                                     |        |                                                      |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------|---------|-------------|--|
| No. <b>C 117104</b>                                                                                                                                    |                 | <b>Due no later than Nov 30, 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>ALTURAS TECHNOLOGY PARK, INC.<br>ROBIN WOODS<br>1324 ALTURAS DR<br>MOSCOW ID 83843 |        | ROBIN WOODS<br>1324 ALTURAS DRIVE<br>MOSCOW ID 83843 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                     |        | 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 |  |
| DIRECTOR                                                                                                                                               | EUGENE THOMPSON | 3307 PINE CREST RD                                                                                                                                  | MOSCOW | ID                                                   | USA     | 83843       |  |
| DIRECTOR                                                                                                                                               | JOANN THOMPSON  | 3307 PINE CREST RD                                                                                                                                  | MOSCOW | ID                                                   | USA     | 83843       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 117104</b>                                                                                          |                 | 6. Annual Report must be signed.*<br>Signature: Kerri Renner<br>Name (type or print): Kerri Renner                                                  |        |                                                      |         |             |  |
| Date: 10/20/2010<br>Title: Bookkeeper                                                                                                                  |                 |                                                                                                                                                     |        |                                                      |         |             |  |
| Processed 10/20/2010                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                           |        |                                                      |         |             |  |