		The second se	22 22 200
		e no later than November 30, 2008	2. Registered Agent and Office NO PO BOX
No. C 141250	Du	Annual Report Form	CHRISTY J WILLIAMS
Beturn to	. v . 1. Mailir	ng Address - Correct in this box, if applicable	1198 MOUNTAIN VIEW DR TWIN FALLS, ID 83301
SECRETARY OF S 450 NORTH FOUR		VISTA CORPORATION J WILLIAMS	
PO BOX 83720	1198 MOI	UNTAIN VIEW DR	3. New Registered Agent Signature
BOISE, ID 83720-0	TWIN FA	LLS, ID 83301	
NO FILING FEE IF			and Directors
RECEIVED BY DUE DATE RECEIVED BY DUE DATE 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. Street or P.O. Address City State			
Office held Name Street or P.O. Address Office held Name Street or P.O. Address Office held Name Street or P.O. Address Office held Name Street or P.O. Address Office held Name Street or P.O. Address Office held Name Office held Name Street or P.O. Address Office held Name Office held N			
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5. Organized Under the Laws of: 6. Signature Laws of: Date 12 SEPTENIRER.			
5. Organized Unider	AHO	Signature The PAESTNENT	
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