No. <b>C 51846</b>		Due no later than Aug 31, 2007		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  FOUSTS, INC.  TOM FOUST P O BOX 268 BONNERS FERRY ID 83805		RUTH ANN WILSON HWY 95 S BONNERS FERRY ID 83805  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Corporations: Enter Names and Busine		acc Addresses of Presid	ont Socratary and Directors Treasure	or (ontional)			
Office Held	Name	ess Addresses of Fresid	Street or PO Address	City	State	Country	Postal Code
PRESIDENT SECRETARY DIRECTOR DIRECTOR	DENT TOM C FOUST TARY ANITA L. FOUST TOR TOM C. FOUST		PO BOX 915 PO BOX 915 PO BOX 915 3271 W. FLATWOODS DR.	BONNERS FERRY BONNERS FERRY BONNERS FERRY RATHDRUM	ID ID	USA USA USA USA	83805-0915 83805-0915 83805-0915 83858
5. Organized Under the Laws of:  ID  C 51846		6. Annual Report must be signed.* Signature: Anita Foust		Da	nte: 06/1	8/2007	
		Name (type or print): Anita Foust		Title: Secratery			
Processed 06/18/2007		* Electronically provided	d signatures are accepted as original si	gnatures.			