No. C 100341		Due	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		to account on the appropriate	LARY CROOM 12460 S CARRIAGE HILL WAY NAMPA ID 83686 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.						
		POCATELLO HOSPITALITY, INC. ROBERT M QUINN 1249 TAPADERA AVE ONTARIO OR 97914 USA						
				3. <u>New</u> Register				
4. Corporations: Enter Nar	mes and Busine	ess Addresses of F	President, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	ROBERT M QUINN		1087 NW 2ND AVE	ONTARIO	OR	USA	97914	
SECRETARY	LARY CROOM		2987 SILVERWOOD PLACE	POCATELLO	ID	USA	83206	
PRESIDENT	ROBERT M (QUINN	1087 NW 2ND AVE	ONARIO	OR	USA	97914	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Bar		Date: 12/09/2008				
C 100341		Name (type or		Title: Controller				
1								