| No. C 164987 | | D | 2. Registered Agent and Address (NO PO BOX) | | | | | |
|--|--------------------------------|--|---|---|-------------------|----------|------------|---------------------|
| Return to: | | Annual Report Form | | RON V BOWEN 624 16TH AVE SOUTH NAMPA ID 83651 | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. BOWEN PARKER DAY FINANCIAL SERVICES, INC. RON V BOWEN PO BOX 41 NAMPA ID 83653-0041 | | | | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Corporations: Enter Nam | nes and Busin | ess Addresses of | President, Secretary, and Directors. Tre | easurer (| optional). | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| | MIKEAL D PARKER RON V BOWEN | | PO BOX 905 PO BOX 41 | | HOMEDALE NAMPA | ID ID | USA USA | 83628 83653-0041 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| IDAHO C 164987 | | Signature: RON V BOWEN | | | Date: 01/08/2007 | | | |
| | | Name (type or print): RON V BOWEN | | | Title: SECRETARY | | | |
| Processed 01/08/2007 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |