

No. C 90276	Due no later than September 30, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX CHARLOTTE MYERS 496 ADDISON AVE. W. TWIN FALLS, ID 83301																								
Return to: 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 applicable C.T.H.M., INC. CHARLOTTE MYERS 496 ADDISON AVE. W. TWIN FALLS, ID 83301		3. <u>New</u> Registered Agent Signature 																								
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Charlotte Myers</td> <td>496 Addison Ave.</td> <td>Twin Falls</td> <td>Id.</td> <td>83301</td> </tr> <tr> <td>Secretary</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Director</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	President	Charlotte Myers	496 Addison Ave.	Twin Falls	Id.	83301	Secretary	"	"	"	"	"	Director	"	"	"	"	"
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Director	"	"	"	"	"																						
5. Organized Under the Laws of: IDAHO C 90276		6. Signature <u>Charlotte Myers</u> Date <u>8-31-04</u> Name <small>(Typed or Printed)</small> <u>Charlotte Myers</u> Title <u>PRES.</u>																									