
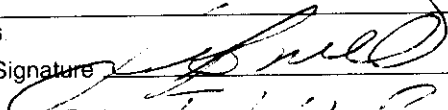


No. C 146917	Due no later than December 31, 2005 Annual Report Form	2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable JAKO, INC. CONNIE I BONOMI 5087 E SHORELINE DR POST FALLS, ID 83854	CONNIE I BONOMI 5087 E SHORELINE DR POST FALLS, ID 83854 <div style="text-align: right;">  </div>																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>U.P./Treas.</td> <td>Jack W. Bonomi</td> <td>5087 E. Shoreline Dr.</td> <td>Post Falls</td> <td>ID</td> <td>83854</td> </tr> <tr> <td>Pres.</td> <td>Connie I. Bonomi</td> <td>5087 E. Shoreline Dr.</td> <td>Post Falls,</td> <td>ID</td> <td>83854</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	U.P./Treas.	Jack W. Bonomi	5087 E. Shoreline Dr.	Post Falls	ID	83854	Pres.	Connie I. Bonomi	5087 E. Shoreline Dr.	Post Falls,	ID	83854
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5. Organized Under the Laws of: IDAHO C 146917	6. Signature  Date <u>10/24/05</u> Name (Typed or Printed) <u>Jack W. Bonomi</u> Title <u>U.P.</u>																			