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|--|-------------------|--|----------|--|---------|-------------|--|
| No. C 108739 | | Due no later than Dec 31, 2009 | | 2. Registered Agent and Address (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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. M.L. ALBRIGHT & SONS, INC. SHARON ALBRIGHT PO BOX 603 LEWISTON ID 83501 | | SHARON ALBRIGHT 6182 LAPWAI RD LEWISTON ID 83501 | | | |
| | | | | 3. <u>New</u> Registered Agent Signature: * | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| TREASURER | DALE A ALBRIGHT | 6366 LAPWAI RD | LEWISTON | ID | USA | 83501 | |
| SECRETARY | MARVIN L ALBRIGHT | 879 KODIAK LANE | LEWISTON | ID | USA | 83501 | |
| PRESIDENT | SHARON L ALBRIGHT | 879 KODIAK LANE | LEWISTON | ID | USA | 83501 | |
| 5. Organized Under the Laws of: ID C 108739 | | 6. Annual Report must be signed.* Signature: Sharon Albright Name (type or print): Sharon Albright Date: 11/05/2009 Title: President | | | | | |
| Processed 11/05/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | | |