

|                                                                                                                                                        |                      |                                                                                                                                                                                            |               |                                                                 |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------|---------|------------------|--|
| No. <b>C 169121</b>                                                                                                                                    |                      | <b>Due no later than Sep 30, 2007</b>                                                                                                                                                      |               | 2. Registered Agent and Address <b>(NO PO BOX)</b>              |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                      | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>SHANNON D. WORK, P.C.<br>SHANNON D WORK<br>7705 E HIGH VIEW DR<br>COEUR D ALENE ID 83814 |               | SHANNON D WORK<br>7705 E HIGH VIEW DR<br>COEUR D ALENE ID 83814 |         |                  |  |
|                                                                                                                                                        |                      |                                                                                                                                                                                            |               | 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      |  |
| SECRETARY                                                                                                                                              | JANETTE PHYLLIS WORK | 7705 E HIGH VIEW DR                                                                                                                                                                        | COEUR D ALENE | ID                                                              | USA     | 83814            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                      | 6. Annual Report must be signed.*                                                                                                                                                          |               |                                                                 |         |                  |  |
| <b>ID<br/>C 169121</b>                                                                                                                                 |                      | Signature: Shannon D Work                                                                                                                                                                  |               |                                                                 |         | Date: 07/13/2007 |  |
|                                                                                                                                                        |                      | Name (type or print): Shannon D Work                                                                                                                                                       |               |                                                                 |         | Title: President |  |
| Processed 07/13/2007                                                                                                                                   |                      | * Electronically provided signatures are accepted as original signatures.                                                                                                                  |               |                                                                 |         |                  |  |