No. C 149011	Due no later than May 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 not address. Correct in this box if not	KATHLEEN M GAVIN 102 S 1ST AVE STE 201 SANDPOINT ID 83864 3. New Registered Agent Signature:*
4. Corporations: Enter Names and B	l Isiness Addresses of President, Secretary, and Directors	
Office Held Name	Street or PO Address	City State Country Postal Code
PRESIDENT KATHY N	I GAVIN 345 GOLD HILL CIRCLE	SAGLE ID USA 83860
5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID	Signature: Kathy Gavin	Date: 03/31/2009
C 149011	Name (type or print): Kathy Gavin	Title: Owner
Processed 03/31/2009	* Electronically provided signatures are accepted as	original signatures.