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|--|-----------------|--|----------|--|---------|-------------|--|
| No. C 178039 | | Due no later than Apr 30, 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 | | 1. Mailing Address: Correct in this box if needed. ORCHARD HOUSE, INC. (THE) KRIS THOMPSON 14949 SUNNYSLOPE ROAD CALDWELL ID 83607 USA | | KRIS THOMPSON 15324 ECLIPSE DR CALDWELL ID 83607 | | | |
| | | | | 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 | |
| DIRECTOR | SHEREE L MCCOY | 680 WOODBRIDGE ROAD | ADRIAN | OR | USA | 97901 | |
| DIRECTOR | ANNA K THOMPSON | 15324 ECLIPSE DRIVE | CALDWELL | ID | USA | 83607 | |
| 5. Organized Under the Laws of: ID C 178039 | | 6. Annual Report must be signed.* Signature: Kris Thompson Name (type or print): Kris Thompson | | | | | |
| Date: 05/28/2009 Title: Partner | | | | | | | |
| Processed 05/28/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | | |