No. C 140203  Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		Due no later than Aug 31, 2009 Annual Report Form  1. Mailing Address: Correct in this box if needed.  SCI TRUST AND FILE MANAGEMENT, INC.  KARLEEN MAUGHAN 595 UNIVERSITY BLVD		2. Registered Ag	Registered Agent and Address (NO PO BOX)  KARLEEN MAUGHAN  1935 INTERNATIONAL WAY IDAHO FALLS ID 83402			
				KARLEEN MAI				
		IDAHO FALLS ID 83401-6193		3. <u>New</u> Registere	3. New Registered Agent Signature:*			
. Corporations: Enter	Names and Busin	ess Addresses of	President, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	ERIC HENDE	R	595 UNIVERSITY BLVD	IDAHO FALLS	ID	USA	83401-6193	
PRESIDENT	KARLEEN MA	AUGHAN	595 UNIVERSITY BLVD	<b>IDAHO FALLS</b>	ID	USA	83401-6193	
SECRETARY	JON MAUGHAN		595 UNIVERSITY BLVD	<b>IDAHO FALLS</b>	ID	USA	83401-6193	
TREASURER	JON MAUGH	AN	595 UNIVERSITY BLVD	<b>IDAHO FALLS</b>	ID	USA	83401-6193	
DIRECTOR	KARLEEN MAUGHAN		595 UNIVERSITY BLVD	<b>IDAHO FALLS</b>	ID	USA	83401-6193	
DIRECTOR	ROBERT Y MAUGHAN		595 UNIVERSITY BLVD	<b>IDAHO FALLS</b>	ID	USA	83401-6193	
DIRECTOR	JON MAUGH	AN	595 UNIVERSITY BLVD	IDAHO FALLS	ID	USA	83401-6193	
5. Organized Under the Laws of: 6. Annual		6. Annual Report	: must be signed.*					
ID		Signature: Greg Archibald		Date: 06/	Date: 06/17/2009			
C 140203		Name (type or print): Greg Archibald		Title: Ac	Title: Accounting Manager			
Processed 06/17/2009	)	* Electronically p	ovided signatures are accepted as origina	l signatures.				