

No. C 124893	Due no later than July 31, 2004 Annual Report Form		2. Registered Agent and Office 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 applicable		MICHAEL S HOMAN 2229 W STATE ST STE B BOISE, ID 83702 3. <u>New</u> Registered Agent Signature																								
	ORCHARD RETAIL SHOPPING CENTER, INC MICHAEL S HOMAN 9020 BLACK EAGLE WAY BOISE, ID 83709																										
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President,</td> <td>Michael S. Homan,</td> <td>2229 W. State St., Ste. B</td> <td>Boise</td> <td>Id</td> <td>83702</td> </tr> <tr> <td>Secretary,</td> <td>Michael S. Homan,</td> <td>Same Address</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Director,</td> <td>Michael S. Homan,</td> <td>Same Address</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President,	Michael S. Homan,	2229 W. State St., Ste. B	Boise	Id	83702	Secretary,	Michael S. Homan,	Same Address				Director,	Michael S. Homan,	Same Address			
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Director,	Michael S. Homan,	Same Address																									
5. Organized Under the Laws of: IDAHO C 124893		6. Signature <u>Michael S Homan</u> Date <u>May 13, 2004</u> Name <small>(Typed or Printed)</small> <u>Michael S. Homan</u> Title <u>President</u>																									

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