


No. C 143426	Due no later than 4/30/2009 Annual Report Form	2. Registered Agent and Address (NO PO BOX)																		
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. MCDESIGN BENEFIT PLANS, INC. 904 REED ST AMERICAN FALLS ID 83211	MELVIN CHIPPS 904 REED ST AMERICAN FALLS ID 83211																	
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.		3. New Registered Agent Signature:																		
<table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>PRES</td> <td>MELVIN CHIPPS</td> <td>904 REED ST</td> <td>AM. FALLS</td> <td>ID</td> <td>83211</td> </tr> <tr> <td>V-PRES</td> <td>ARATHA CHIPPS</td> <td>904 REED ST</td> <td>AM. FALLS</td> <td>ID</td> <td>83211</td> </tr> </tbody> </table>	Office Held	Name	Street or PO Address	City	State	Zip	PRES	MELVIN CHIPPS	904 REED ST	AM. FALLS	ID	83211	V-PRES	ARATHA CHIPPS	904 REED ST	AM. FALLS	ID	83211		
Office Held	Name	Street or PO Address	City	State	Zip															
PRES	MELVIN CHIPPS	904 REED ST	AM. FALLS	ID	83211															
V-PRES	ARATHA CHIPPS	904 REED ST	AM. FALLS	ID	83211															
5. Organized Under the Laws of: ID C 143426	6. Annual Report must be signed. Signature:  Date: 6-20-09 Name(type or print): MELVIN L. CHIPPS Title: PRES																			