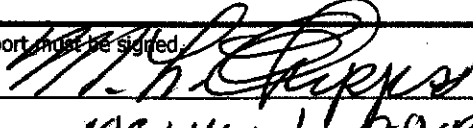


No. <b>C 143426</b>	Due no later than 4/30/2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address: Correct in this box if needed.		MELVIN CHIPPS 904 REED ST AMERICAN FALLS ID 83211
	MCDESIGN BENEFIT PLANS, INC. 904 REED ST AMERICAN FALLS ID 83211		3. New Registered Agent Signature:
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.			
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:  Name(type or print): MELVIN L. CHIPPS Date: 6-20-09 Title: PRES	