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|--|-------------------|---|-------|--|------------------|-------------|--|
| No. C 40829 | | 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 | | Annual Report Form | | LARRY GIVENS 3290 HALL DR EAGLE ID 83616 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | ORIN GIVENS, INC. LARRY C GIVENS 3290 HOLL DR EAGLE ID 83616 | | | | | |
| 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 | |
| PRESIDENT | LARRY C GIVENS | 3290 HOLL DRIVE | EAGLE | ID | USA | 83616 | |
| DIRECTOR | GUY GIVENS | 22361 CAN-ADA RD. | STAR | ID | USA | 83669 | |
| SECRETARY | RICHARD L LAURSEN | 520 E. CURLING DR. | BOISE | ID | USA | 83702 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID C 40829 | | Signature: Larry Givens | | | Date: 03/10/2009 | | |
| | | Name (type or print): Larry Givens | | | Title: President | | |
| Processed 03/10/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | | |