

No. C 115344	Due no later than June 30, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX WILLIAM BORDERS 385 AERIE LANE SAGLE, ID 83860																		
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 BORDERS, OSPREY & CHIPMUNKS, INC WILLIAM BORDERS 385 AERIE LANE SAGLE, ID 83860		3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 10%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>WILLIAM BORDERS</td> <td>385 AERIE LANE</td> <td>SAGLE</td> <td>ID</td> <td>83860</td> </tr> <tr> <td>SECRETARY</td> <td>KATHLEEN BORDERS</td> <td>385 AERIE LANE</td> <td>SAGLE</td> <td>ID</td> <td>83860</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	WILLIAM BORDERS	385 AERIE LANE	SAGLE	ID	83860	SECRETARY	KATHLEEN BORDERS	385 AERIE LANE	SAGLE	ID	83860
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5. Organized Under the Laws of: IDAHO C 115344	6. Signature <u>Kathleen Borders</u> Date <u>4/20/04</u> Name <small>(Typed or Printed)</small> <u>KATHLEEN BORDERS</u> Title <u>SECRETARY</u>																				