| No. C 153210                                           | Due no later than Feb 28, 2010<br>Annual Report Form                           |                                     | Registered Agent and Office (NOT A P.O. BOX)  TOM BURGENER |                            |                                       |
|--------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------|----------------------------|---------------------------------------|
| Return to:                                             |                                                                                |                                     |                                                            |                            |                                       |
| SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720 | 1. Mailing Address: Correct in this box if needed. HIGH COUNTRY ENTERPRISE INC |                                     | 2967 EAST 600 NORTH<br>ROBERTS ID 83444                    |                            |                                       |
| BOISE, ID 83720-0080                                   | DO BOY 6                                                                       |                                     |                                                            |                            |                                       |
|                                                        | PO BOX 8                                                                       |                                     | 3. New Registered Agent Signature.                         |                            |                                       |
| NO FILING FEE IF<br>RECEIVED BY DUE<br>DATE            | ROBERTS ID 83                                                                  | <del>144</del>                      | la. Wall Hadom                                             | . oo rigent argman         | · · · · · · · · · · · · · · · · · · · |
|                                                        |                                                                                | es of President, Secretary, Directo | ors and(optional) Tr                                       | easurer.                   |                                       |
| Office Held Nam                                        | le                                                                             | Street or PO Address                | City                                                       | State Country              | Postal Code                           |
| TOM BU                                                 | RGENER                                                                         | P.O.By 8.                           | RoBerto                                                    | , ID.                      | 83444                                 |
| - · · ·                                                |                                                                                |                                     |                                                            | •<br>• •- • <del>-</del> - |                                       |
|                                                        |                                                                                |                                     |                                                            |                            |                                       |
|                                                        |                                                                                |                                     |                                                            |                            | 44<br>2 **                            |
| 5. Organized Under the Law                             |                                                                                | 0 0                                 |                                                            |                            | · · · · · · · · · · · · · · · · · · · |
| IDAHO                                                  | Signature:                                                                     | Som Burge                           | de                                                         | Date                       | 2-10-10                               |
| C 153210                                               | Name (type or                                                                  | print): TOM BUR                     | GENER                                                      | Title                      | OUNER                                 |
| Issued 03/08/2010 by DK1                               |                                                                                |                                     |                                                            |                            | 201002002862                          |
|                                                        |                                                                                |                                     |                                                            |                            |                                       |

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of president, secretary, and directors. Note: <u>Do not put "same as last year" or "same as above"</u>. These will not be accepted. Changes here will not affect the address in Block 1. Be sure to include office held for each name listed.

**Block 5:** May not be altered through the use of this form.

**Block 6:** The annual report must be signed by a person authorized to represent the corporation. Print or type the name of the signer below the signature.

\*\* The image of this form will be available on the internet once it has been filed. DO NOT enter Social Security numbers.

If the Corporation is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the Corporation to terminate the legal existance. If you have any questions contact the Commercial Division at (208) 334-2301.

POSTMARK DATES WILL NOT BE ACCEPTED