No. C 186023		Due no later than Jan 31, 2012		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		BILL LEAKE			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	TETON VAL BILL LEAKE	AVIDSON DR	DRIGGS ID	2055 MT DAVIDSON DR DRIGGS ID 83422 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and	Business Addresses	of President, Secretary, and Directors. Treasu	urer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT WILLIA	m h leake	2055 MT. DAVIDSON DR.	DRIGGS	ID	USA	83422	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID ID	Signature:	Signature: W. Leake		Date: 01/10/2012			
C 186023	Name (type	Name (type or print): W. Leake		Title: President			
Processed 01/10/2012	* Electronically	* Electronically provided signatures are accepted as original signatures.					