


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90016 037 \*\*\*150.00

**DOCUMENT # F95000006248**  
 1. Entity Name  
 CLEAR SPRINGS FOODS, INC.



Principal Place of Business 1500 E. 4424 NORTH BUHL, ID 83316	Mailing Address P.O. BOX 712 BUHL, ID 83316
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**DO NOT WRITE IN THIS SPACE**

40005064



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number 82-0246213	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	OPPENHEIMER, ARTHUR
STREET ADDRESS	877 W MAIN ST STE 700
CITY-ST-ZIP	BOISE, ID
TITLE	V
NAME	WHITE, ED D
STREET ADDRESS	2502 TWIN VIEW LN
CITY-ST-ZIP	TWIN FALLS, ID 83301
TITLE	V
NAME	QUIGLEY, KEITH E
STREET ADDRESS	43740 CLEAR LAKE RD
CITY-ST-ZIP	BUHL, ID 83316
TITLE	D
NAME	STUECKLE, DUANE
STREET ADDRESS	200 PARKWAY DR
CITY-ST-ZIP	BOISE, ID
TITLE	DPC
NAME	COPE, LARRY W
STREET ADDRESS	20290 HWY 30
CITY-ST-ZIP	BUHL, ID 83316
TITLE	D
NAME	STORTI, P. CRAIG
STREET ADDRESS	3614 TRAIL CIR
CITY-ST-ZIP	BOISE, ID 83704

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Keith E. Quigley** 1-17-07 (208) 543-4316  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #