

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006771

FILED  
Jan 03, 2007  
Secretary of State

Entity Name: BHS SERVICES, INC.

## Current Principal Place of Business:

301 A ST  
IDAHO FALLS, ID 83402

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 51038  
IDAHO FALLS, ID 83405

## New Mailing Address:

FEI Number: 84-1438523

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: MILLER, DAVID A  
Address: 301 A ST  
City-St-Zip: IDAHO FALLS, ID 83402 US

Title: VP ( ) Delete  
Name: GAINES, DAVID E  
Address: 149A MAIN STREET  
City-St-Zip: TIDIOUTE, PA 16351

Title: SEC ( ) Delete  
Name: MILLER, SUSAN C  
Address: 301 A STREET  
City-St-Zip: IDAHO FALLS, ID 834023618

Title: CFO ( ) Delete  
Name: MILLS, STAN  
Address: 301 A ST  
City-St-Zip: IDAHO FALLS, ID 83402

Title: TREA ( ) Delete  
Name: MILLER, DAVID A  
Address: 301 A STREET  
City-St-Zip: IDAHO FALLS, ID 834023618

Title: DIR ( ) Delete  
Name: MILLER, DAVID A  
Address: 301 A STREET  
City-St-Zip: IDAHO FALLS, ID 834023618

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A. MILLER

PRES

01/03/2007

Electronic Signature of Signing Officer or Director

Date