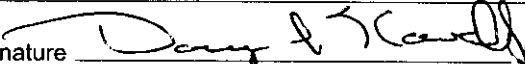
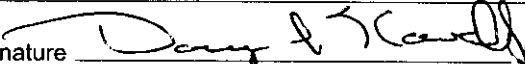
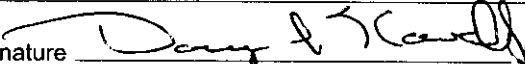


<b>No.     W 2997</b>	<b>Due no later than Oct 31, 2002</b> <b>Annual Report Form</b>	2. Registered Agent and Office <b>NO PO BOX</b>  DOUGLAS L KOWALLIS 408 W IDAHO  BOISE, ID 83702																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable KOWALLIS & MACKEY, L.L.C. DOUGLAS L KOWALLIS 408 W IDAHO  BOISE, ID 83702	3. <u>New</u> Registered Agent Signature																		
4. <b>Limited Liability Companies: Enter Names and Addresses of Members.</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>Doug L. Kowallis</td> <td>3722 Sanada Way</td> <td>Boise</td> <td>ID</td> <td>83702</td> </tr> <tr> <td>Member</td> <td>John W. Mackey</td> <td>3672 E. Alta Ridge Ct.</td> <td>Boise</td> <td>ID</td> <td>83716</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>	Member	Doug L. Kowallis	3722 Sanada Way	Boise	ID	83702	Member	John W. Mackey	3672 E. Alta Ridge Ct.	Boise	ID	83716
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5. Organized Under the Laws of:  <div style="text-align: center;">IDAHO W 2997</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">           Signature             (Typed or Printed) Doug L. Kowallis         </td> <td style="width: 50%;">           Date 08-13-02            Member         </td> </tr> <tr> <td>           Name _____         </td> <td>           Title _____         </td> </tr> </table>		Signature  (Typed or Printed) Doug L. Kowallis	Date 08-13-02 Member	Name _____	Title _____														
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