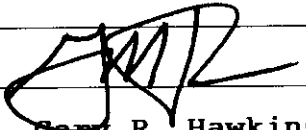


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|---|--|-------------------------------|--|--------------------|-------------|-------------------------------|-------------|--------------|------------|--|----------------------|----------------------|--------|----|-------|
| No. W 4011 | Due no later than May 31, 2001 Annual Report Form | | 2. Registered Agent and Office NO PO BOX GARY R HAWKINS 8645 W FRANKLIN RD BOISE, ID 83709 | | | | | | | | | | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address - Correct in this box, if applicable VALENCIA Y LLC GARY R HAWKINS 8645 W FRANKLIN RD BOISE, ID 83709 | | 3. <u>New</u> Registered Agent Signature | | | | | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u>Office held</u></td> <td style="text-align: center;"><u>Name</u></td> <td style="text-align: center;"><u>Street or P.O. Address</u></td> <td style="text-align: center;"><u>City</u></td> <td style="text-align: center;"><u>State</u></td> <td style="text-align: center;"><u>Zip</u></td> </tr> <tr> <td></td> <td style="text-align: center;">Mgr. Gary R. Hawkins</td> <td style="text-align: center;">8645 W. Franklin Rd.</td> <td style="text-align: center;">Boise,</td> <td style="text-align: center;">ID</td> <td style="text-align: center;">83709</td> </tr> </table> | | | | <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | | Mgr. Gary R. Hawkins | 8645 W. Franklin Rd. | Boise, | ID | 83709 |
| <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | | | | | | | | | | |
| | Mgr. Gary R. Hawkins | 8645 W. Franklin Rd. | Boise, | ID | 83709 | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 4011 | 6. Signature  Name <small>(Typed or Printed)</small> Gary R. Hawkins Date <u>3/16/01</u> Title <u>Mgr.</u> | | | | | | | | | | | | | | |