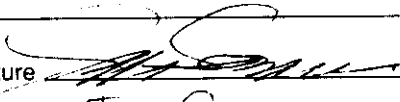
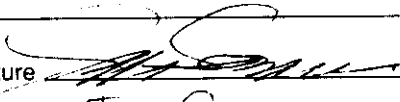
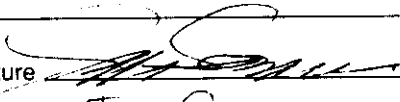


No. W 34606	Due no later than November 30, 2005		2. Registered Agent and Office NO PO BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form 1. Mailing Address - Correct in this box, if applicable		JIM SOMMER 3304 N 3200 E TWIN FALLS, ID 83301																			
	SOMMER RENTAL, LLC 3304 N 3200 E TWIN FALLS, ID 83301		3. <u>New</u> Registered Agent Signature																			
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Manager/Member</td> <td>Jim Sommer</td> <td>3304 N 3200 E</td> <td>Twin Falls,</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Manager/Member</td> <td>Doris J. Sommer</td> <td>3304 N 3200 E</td> <td>Twin Falls,</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Manager/Member	Jim Sommer	3304 N 3200 E	Twin Falls,	ID	83301	Manager/Member	Doris J. Sommer	3304 N 3200 E	Twin Falls,	ID	83301
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5. Organized Under the Laws of: IDAHO W 34606		6. <table border="1"> <tr> <td>Signature </td> <td>Date <u>9/8/05</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>Jim Sommer</u></td> <td>Title <u>Manager/Member</u></td> </tr> </table>			Signature 	Date <u>9/8/05</u>	Name (Typed or Printed) <u>Jim Sommer</u>	Title <u>Manager/Member</u>														
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