/ No. 3 2/8	Due no later than December 31, 200	5
Return to:	Annual Report Form	2. Registered Agent and Office NO PO BOX
SECRETARY OF STATE	1. Mailing Address - Correct in this box, if applicable	RONALD EGGLESTON
700 WEST JEFFERSON	OUR PLACE LIMITED LIABILITY PARTNER	
PO BOX 83720	1 306 LOCUST ST N	TWIN FALLS, ID 83301
BOISE, ID 83720-0080	TWIN FALLS, ID 83301	
NO FILING FEE IF		3 New Registered A
RECEIVED BY DUE DATE		3. New Registered Agent Signature
 Limited Liability Partner 	ships: Enter Names and Business Addresses of	
Office held Name	. Addresses of	two (2) or more partners.
Name Name	Street or P.O. Address	City State -
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	The state of the s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Mana De Mar 1	1. 1. 1. 1. 1. 1. 1. Aor	oding Laho 83330
TRES Ronald Eggle	306 N S	oding Idaho 83330
TRES Ronal Eggle	Too N Locust two	wfalls 20 8330
TRES Ronald Eggle	Street or P.O. Address regional 1609 E. 17005. How	oding 20 83330 n falls 20 83301
TRES Ronald Eggle	Too 306 N Louist two	in falls 20 83330
TRES Ronald Eggli	306 N Locust two	oding 2 daho 83330 N falls 20 83301
TRES Ronal Eggle	306 N Locust two	oding 20 83330 m falls 20 83301
TRES Ronald Eggle	306 N Locust two	oding 20 83330 (n falls 20 8330)
TRES Fon and Egglic		
5. Organized Under the Laws of:		
o. Organized Under the Laws of: IDAHO	6. Signature Jones 20 Egg Roser	Date 11 : 3 - 0 5
5. Organized Under the Laws of: IDAHO		Date 11 3 05