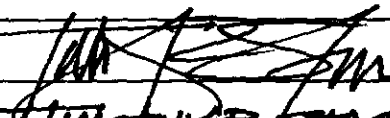


No. J 164	<b>Due no later than January 31, 2009</b> <b>Annual Report Form</b> 1. Mailing Address - Correct in this box, if applicable PETERSEN-STAGGS ARCHITECTS, LLP TIMOTHY STAGGS 5200 W STATE ST BOISE, ID 83703	2. Registered Agent and Office <b>NO PO BOX</b> TIMOTHY STAGGS 5200 W STATE ST BOISE, ID 83703
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>		3. <u>New</u> Registered Agent Signature

4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PARTNER	TIMOTHY R. STAGGS	5200 W. STATE	BOISE	ID	83703
PARTNER	BRUCE W. PETERSEN	5200 W. STATE	BOISE	ID	83703

5. Organized Under the Laws of: IDAHO J 164	6.  Signature _____ Date <u>11-24-08</u> Name (Typed or Printed) <u>TIMOTHY R. STAGGS</u> Title <u>PARTNER</u>
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