| No. W 33843 | Due no later than October 31, 2007 Annual Report Form | 2. Registered Agent and Office NO PO BOX |
|---|--|--|
| etum to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF | 1. Mailing Address - Correct in this box, if applicable | ROBERT M OVNICEK 602 NORTHWEST BLVD COEUR D ALENE, ID 83814 3. New Registered Agent Signature |
| RECEIVED BY DUE DATE | | |
| Limited Liability Compai Mame | nies: Enter Names and Addresses of Managers. Street or P.O. Address | City State ZID |
| Managemy Member Robert M | OUNIECK 4358 E POLELINE POS | 174/15 IN 83814 |
| | | |
| | | |
| 5. Organized Under the Laws of: IDAHO W 33843 | 6. Signature Robert M. Ov | |
| | Name Printed or Robert M. OVN | Title MA-A9/1-7 Madeil 200710005860 |