

| No. <b>W 14702</b>                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Due no later than March 31, 2004</b><br><b>Annual Report Form</b>                                                                  |                               | 2. Registered Agent and Office <b>NO PO BOX</b>          |                    |             |                               |             |              |            |         |                |               |         |    |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------|--------------------|-------------|-------------------------------|-------------|--------------|------------|---------|----------------|---------------|---------|----|-------|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080                                                                                                                                                                                                                                                                                                                                   | 1. Mailing Address - Correct in this box, if applicable<br><br>LEVISON PROPERTIES II, LLC<br><br>PO BOX 6462<br><br>KETCHUM, ID 83340 |                               | KATHIE A LEVISON<br>334 WALL ST<br><br>KETCHUM, ID 83340 |                    |             |                               |             |              |            |         |                |               |         |    |       |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                       |                               | 3. <u>New</u> Registered Agent Signature                 |                    |             |                               |             |              |            |         |                |               |         |    |       |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers.<br><table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MANAGER</td> <td>KATHIE LEVISON</td> <td>P.O. BOX 6462</td> <td>Ketchum</td> <td>ID</td> <td>83340</td> </tr> </tbody> </table> |                                                                                                                                       |                               |                                                          | <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | MANAGER | KATHIE LEVISON | P.O. BOX 6462 | Ketchum | ID | 83340 |
| <u>Office held</u>                                                                                                                                                                                                                                                                                                                                                                                                               | <u>Name</u>                                                                                                                           | <u>Street or P.O. Address</u> | <u>City</u>                                              | <u>State</u>       | <u>Zip</u>  |                               |             |              |            |         |                |               |         |    |       |
| MANAGER                                                                                                                                                                                                                                                                                                                                                                                                                          | KATHIE LEVISON                                                                                                                        | P.O. BOX 6462                 | Ketchum                                                  | ID                 | 83340       |                               |             |              |            |         |                |               |         |    |       |
| 5. Organized Under the Laws of:<br><br>IDAHO<br>W 14702                                                                                                                                                                                                                                                                                                                                                                          | 6. Signature <u>Kathie Levison</u> Date <u>2/2/04</u><br>Name (Typed or Printed) <u>KATHIE LEVISON</u> Title <u>MANAGER</u>           |                               |                                                          |                    |             |                               |             |              |            |         |                |               |         |    |       |