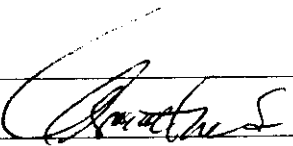


No. W 5944	Due no later than Apr 30, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX GRAYE H WOLFE, SR. 4400 EAST 1ST STREET 1409 N main Street MERIDIAN, ID 83642												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address <small>Correct in this box if applicable</small> WOLFE COMMERCIAL ENTERPRISES, LLC GRAYE H WOLFE, SR. 4400 EAST 1ST STREET → 1409 N main St. MERIDIAN, ID 83642		3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 10%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 15%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>Graye H. Wolfe, Sr.</td> <td>1409 N Main St.</td> <td>Meridian</td> <td>ID</td> <td>83642</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>	Member	Graye H. Wolfe, Sr.	1409 N Main St.	Meridian	ID	83642
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Member	Graye H. Wolfe, Sr.	1409 N Main St.	Meridian	ID	83642										
5. Organized Under the Laws of: IDAHO W 5944		6. Signature  Date <u>2/7/03</u> Name <small>(Typed or Printed)</small> <u>Graye H. Wolfe, Sr.</u> Title <u>Member</u>													