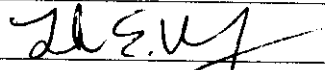
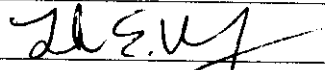
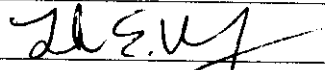


No. W 3854 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than April 30, 2004 Annual Report Form 1. Mailing Address - Correct in this box, if applicable DREAM VISION, LLC THOMAS WOOSLEY 180 E WOODLANDER DR EAGLE, ID 83616	2. Registered Agent and Office NO PO BOX THOMAS WOOSLEY 4358 E 375 N RIGBY, ID 83442 3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>Thomas Woosley</td> <td>180 E. Woodlander Dr.</td> <td>Eagle</td> <td>ID</td> <td>83616</td> </tr> <tr> <td>member</td> <td>Lori Woosley</td> <td>180 E. Woodlander Dr.</td> <td>Eagle</td> <td>ID</td> <td>83616</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	Thomas Woosley	180 E. Woodlander Dr.	Eagle	ID	83616	member	Lori Woosley	180 E. Woodlander Dr.	Eagle	ID	83616
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5. Organized Under the Laws of: IDAHO W 3854	6. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%;">Signature </td> <td style="width: 40%;">Date <u>2-22-04</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>Thomas Woosley</u></td> <td>Title <u>Member</u></td> </tr> </table>		Signature 	Date <u>2-22-04</u>	Name (Typed or Printed) <u>Thomas Woosley</u>	Title <u>Member</u>														
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