

No. <b>W 8320</b>	<b>Due no later than March 31, 2006</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address - Correct in this box, if applicable</b>  HAND TECH 2000 LLC SHARON WILLIAMS 1930 NORTH 7TH ST COEUR D'ALENE, ID 83814		SHARON WILLIAMS 1930 NORTH 7TH ST COEUR D'ALENE, ID 83814  3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers.  <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>PARTNER</td> <td>Sharon L Williams</td> <td>1930 N. 7th St.</td> <td>COA</td> <td>ID</td> <td>83814</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>	PARTNER	Sharon L Williams	1930 N. 7th St.	COA	ID	83814
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
PARTNER	Sharon L Williams	1930 N. 7th St.	COA	ID	83814										
5. Organized Under the Laws of:  IDAHO W 8320		6. Signature <u>Sharon L. Williams</u> Date <u>3/9/06</u> Name (Typed or Printed) <u>SHARON L. WILLIAMS</u> Title <u>PARTNER</u>													

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Do Not Tape or Staple

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