

No. W 17551	Due no later than December 31, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX HENRY COVELLI 5583 SHORELINE DR POST FALLS, ID 83854												
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 - Correct in this box, if applicable HERON, L.L.C. HENRY COVELLI 5583 SHORELINE DR POST FALLS, ID 83854		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; border-bottom: 1px solid black;"><u>Office held</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Street or P.O. Address</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>City</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>State</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">President</td> <td style="padding: 5px;">Henry Covelli,</td> <td style="padding: 5px;">5583 Shoreline Dr</td> <td style="padding: 5px;">POST FALLS</td> <td style="padding: 5px;">Id</td> <td style="padding: 5px;">83854</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>	President	Henry Covelli,	5583 Shoreline Dr	POST FALLS	Id	83854
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
President	Henry Covelli,	5583 Shoreline Dr	POST FALLS	Id	83854										
5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 17551</div>		6. Signature <u>HD Covelli</u> Date <u>10/16/04</u> Name <small>(Typed or Printed)</small> <u>Henry D Covelli,</u> Title <u>President</u>													