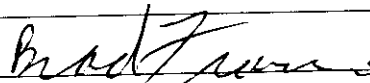
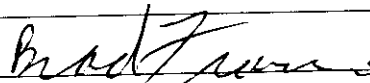
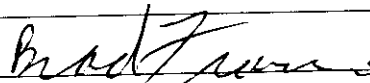


No. W 16581	Due no later than Sep 30, 2002 Annual Report Form	2. Registered Agent and Office NO PO BOX BRAD FRASURE 5050 YELLOWSTONE CHUBBUCK, ID 83202																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable TUSCANY BUILDERS, LLC 5050 YELLOWSTONE 444 HOSPITAL WAY SUITE 777 CHUBBUCK, ID 83202 POTATELLO ID 83201	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;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>MEMBER</td> <td>BILLY BISLEY</td> <td>305 VIA VENITTO</td> <td>POTATELLO</td> <td>ID</td> <td>83201</td> </tr> <tr> <td>MEMBER</td> <td>BRAD FRASURE</td> <td>444 HOSPITAL WAY</td> <td>POTATELLO</td> <td>ID</td> <td>83201</td> </tr> <tr> <td></td> <td></td> <td>SUITE 777</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	MEMBER	BILLY BISLEY	305 VIA VENITTO	POTATELLO	ID	83201	MEMBER	BRAD FRASURE	444 HOSPITAL WAY	POTATELLO	ID	83201			SUITE 777			
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5. Organized Under the Laws of: IDAHO W 16581	6. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 40%;">Signature</td> <td style="width: 30%;"></td> <td style="width: 20%;">Date</td> <td style="width: 10%;">9/15/02</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>BRAD FRASURE</td> <td>Title</td> <td>MEMBER</td> </tr> </table>		Signature		Date	9/15/02	Name (Typed or Printed)	BRAD FRASURE	Title	MEMBER																
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