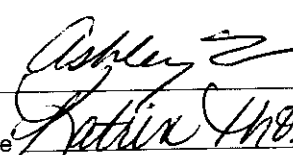
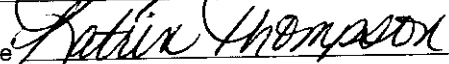


No. W 10158	Due no later than Nov 30, 2002 Annual Report Form		2. Registered Agent and Office NO PO BOX																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable CASCADE POST OFFICE PROPERTY, LLC PO BOX 1018 CASCADE, ID 83611		ASHLEY THOMPSON 620 N MAIN ST CASCADE, ID 83611 3. <u>New</u> Registered Agent Signature																								
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="0"> <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>MEMBER</td> <td>ASHLEY THOMPSON</td> <td>PO BOX 1018</td> <td>CASCADE</td> <td>ID</td> <td>83611</td> </tr> <tr> <td>MEMBER</td> <td>KATRIN THOMPSON</td> <td>PO BOX 1018</td> <td>CASCADE</td> <td>ID</td> <td>83611</td> </tr> <tr> <td></td> <td>(Secretary/Treasurer)</td> <td></td> <td></td> <td></td> <td></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	ASHLEY THOMPSON	PO BOX 1018	CASCADE	ID	83611	MEMBER	KATRIN THOMPSON	PO BOX 1018	CASCADE	ID	83611		(Secretary/Treasurer)				
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	(Secretary/Treasurer)																										
5. Organized Under the Laws of: IDAHO W 10158	6.  Registered Agent Signature  Date 9/9/2002 Name (Typed or Printed) KATRIN THOMPSON Title Member ASHLEY THOMPSON																										