

No. W 14702	Due no later than Mar 31, 2002		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	Annual Report Form		KATHIE A LEVISON																			
	1. Mailing Address - Correct in this box, if applicable LEVISON PROPERTIES II, LLC PO BOX 6462 KETCHUM, ID 83340		334 WALL ST KETCHUM, ID 83340 3. <u>New</u> Registered Agent Signature																			
4. Limited Liability Companies: Enter Names and Addresses of Managers. <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>MANAGER</td> <td>KATHIE LEVISON</td> <td>P.O. Box 6462</td> <td>Ketchum</td> <td>ID</td> <td>83340</td> </tr> <tr> <td></td> <td>PRIS, SIC, TOLAS</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>	MANAGER	KATHIE LEVISON	P.O. Box 6462	Ketchum	ID	83340		PRIS, SIC, TOLAS				
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MANAGER	KATHIE LEVISON	P.O. Box 6462	Ketchum	ID	83340																	
	PRIS, SIC, TOLAS																					
5. Organized Under the Laws of: IDAHO W 14702		6. Signature <u>Kathie Levison</u> Date <u>1/20/02</u> Name (Typed or Printed) <u>KATHIE LEVISON</u> Title <u>MANAGER</u>																				