



STATE OF IDAHO
 PETE T. CENARRUSA
 SECRETARY OF STATE
 700 WEST JEFFERSON
 PO BOX 83720
 BOISE, ID 83720-0080



RETURN SERVICE REQUESTED

IDAHO ANNUAL REPORT FORM

N 12616

THIS IS THE ONLY NOTICE YOU WILL RECEIVE

SYNERGY CAPITAL MANAGEMENT LLC
 2545 N CONSTANCE PL
 EAGLE, ID 83616

W12616

No. W 12616 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DEAD DATE	Due no later than Aug 31, 2001 Annual Report Form SYNERGY CAPITAL MANAGEMENT LLC 2545 N CONSTANCE PL EAGLE, ID 83616	2. Registered Agent and Office NO PO BOX KELLY SHAW 2545 N CONSTANCE PL EAGLE, ID 83616 3. New Registered Agent Signature																								
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th>Office Name</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>ID</th> </tr> </thead> <tbody> <tr> <td>OWNER/MANAGER</td> <td>DAN THOMPSON</td> <td>2502 Constance Pl.</td> <td>EAGLE</td> <td>ID</td> <td>83616</td> </tr> <tr> <td>OWNER/MANAGER</td> <td>KELLY SHAW</td> <td>2545 Constance Pl.</td> <td>EAGLE</td> <td>ID</td> <td>83616</td> </tr> <tr> <td>OWNER/MANAGER</td> <td>STEVE RYAN</td> <td>543 SEASONS CT.</td> <td>NAMPA</td> <td>ID</td> <td>83640</td> </tr> </tbody> </table>			Office Name	Name	Street or P.O. Address	City	State	ID	OWNER/MANAGER	DAN THOMPSON	2502 Constance Pl.	EAGLE	ID	83616	OWNER/MANAGER	KELLY SHAW	2545 Constance Pl.	EAGLE	ID	83616	OWNER/MANAGER	STEVE RYAN	543 SEASONS CT.	NAMPA	ID	83640
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5. Organized Under the Laws of IDAHO W 12616 W 12616	6. Signature <u>[Signature]</u> Date <u>9/11/01</u> Name <u>KELLY SHAW</u> Title <u>REGISTERED AGENT</u>																									

Issued 08/10/2001

Do Not Tape or Staple
 Fold, seal and mail this portion.

Detach at this perforation and discard this lower portion.

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

BLOCK 1: Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.

BLOCK 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

BLOCK 3: Only a new registered agent must sign in Block 2.

BLOCK 4: Enter names and business addresses of president, secretary, and directors (for corporations only) or managers/members (for LLC's only). Note: Putting "same as last year" or "same as above" will not be accepted. Changes here will not effect the address in Block 1.

BLOCK 5: May not be altered through the use of this form

BLOCK 6: The annual report must be signed by a person authorized to represent the corporation/LLC. Print or type the name and title of the signer below the signature.

** The image of this form will be available on the Internet once it is filed. DO NOT enter Social Security Numbers.

If the (corporation/Limited Liability Company) is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on our website at www.idaho.state.id.us. However, if no timely annual report is filed, administrative action will be taken, at no cost to the (corporation/Limited Liability Company), to terminate the legal existence. If you have any questions contact the Commercial Division at