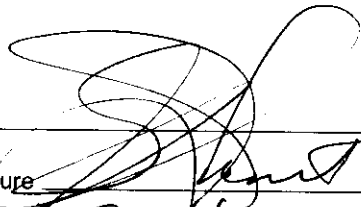


<b>No. W 8321</b>	<b>Due no later than Mar 31, 2001</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b> GARY L CHESTNUT 405 19TH ST  LEWISTON, ID 83501												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box if applicable CENTURY CONCEPTS L.L.C. GARY L CHESTNUT PO BOX 1328  LEWISTON, ID 83501		3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers.															
<table style="width: 100%; border: none;"> <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>Mar.</td> <td>GL Chestnut</td> <td>PO Box 1328</td> <td>Lewiston</td> <td>ID</td> <td>83501</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>	Mar.	GL Chestnut	PO Box 1328	Lewiston	ID	83501
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Mar.	GL Chestnut	PO Box 1328	Lewiston	ID	83501										
5. Organized Under the Laws of:  IDAHO W 8321		6. <div style="text-align: center; margin-top: 20px;">  </div> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">           Signature            (Typed or Printed)            Name <u>GL Chestnut</u> </td> <td style="width: 50%;">           Date <u>3/17/01</u>            Title: <u>Member</u>  <input checked="" type="checkbox"/> <del>Title</del> </td> </tr> </table>		Signature (Typed or Printed) Name <u>GL Chestnut</u>	Date <u>3/17/01</u> Title: <u>Member</u> <input checked="" type="checkbox"/> <del>Title</del>										
Signature (Typed or Printed) Name <u>GL Chestnut</u>	Date <u>3/17/01</u> Title: <u>Member</u> <input checked="" type="checkbox"/> <del>Title</del>														