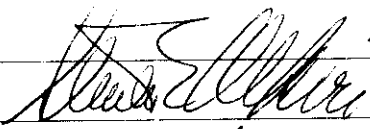


No. W 12360	Due no later than July 31, 2004 Annual Report Form		2. Registered Agent and Office: NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable ALKIRE & CO., PLLC 205 N TENTH ST STE 300 BOISE, ID 83702		STEVEN E ALKIRE 205 N TENTH ST STE 300 BOISE, ID 83702 3. New Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <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>STEVEN E. ALKIRE</td> <td>3552 W. PEARFIELD DR.</td> <td>EAGLE</td> <td>ID</td> <td>83616</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	STEVEN E. ALKIRE	3552 W. PEARFIELD DR.	EAGLE	ID	83616
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
MANAGER	STEVEN E. ALKIRE	3552 W. PEARFIELD DR.	EAGLE	ID	83616										
5. Organized Under the Laws of: IDAHO W 12360	6.  Signature _____ Date <u>7 May 04</u> Name (Typed or Printed) <u>STEVEN E. ALKIRE</u> Title <u>MANAGER</u>														

Issued 05/03/2004

Do Not Tape or Staple

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