No. <b>W 5400</b>	Due no later than Jan 31, 2003	2 Registered Apont and Off
Return to:	Aillual Report Form	2. Registered Agent and Office NO PO BOX
SECRETARY OF STATE 700 WEST JEFFERSON	<ol> <li>Mailing Address - Correct in this box if applicable</li> </ol>	TIM SCOFIELD
PO BOX 83720	GROENKE LLC	322 KIENHOLZ DR
BOISE, ID 83720-0080	TIM SCOFIELD 322 KIENHOLZ DR	HOPE, ID 83836
•	OZZ MENTOLZ DR	
NO FILING FEE IF RECEIVED BY DUE DATE	HOPE, ID 83836	3. New Registered Agent Signature
<ol> <li>Limited Liability Comp</li> </ol>	panies: Enter Names and Addresses of Managers.	
Office held Name	Street or D.O. Add	
Managa	<u> </u>	ity <u>State</u> <u>Zip</u>
Manager Klaus	Groenke 322 Kienholz Drive Hope,	, ID 83836
Member Tim Sco	ofield 450 Kienholz Drive, Hope	e, ID 83836
5. Organized Under the Laws of:	6.	
IDAHO	Signature	Date 15-02
W 5400	Name Printed Scoffield	Title Member
Issued 11/01/2002	Do Not Tape or Staple	