| No. W 21544 Return to: SECRETARY OF STATE | | Due no later than November 30, 2005 | | 2. Registered Agent and Office NO PO BOX | | | |
|--|-------------------|---|---------------|--|-------------|---|--|
| | | Annual Report Form 1. Mailing Address - Correct in this box, if applicable | | | TED LEE REA | | |
| | | | | | | | |
| PO BOX 83720 | | 4142 SHOSHONE FALLS GRADE | | | TALLO, ID | 00001 | |
| BOISE, ID 83720-0080 | | TWIN FALLS, ID 83301 | | | | | |
| NO FILING FE | EIE | | | 2 Novi | Davis | · - · · · · · · · · · · · · · · · · · · | |
| RECEIVED BY DUE DATE | | | | 3. New Registered Agent Signature | | | |
| | | | | | | | |
| Limited Li | ability Companie: | s: Enter Names and Addresses of Me | | - | | | |
| Office held | Name | | SITINGIS. | | | | |
| | | Street or P.O. Address | <u>City</u> | | State | <u>Z</u> ip | |
| Member | Ted L. Rea | 4142 Shoshone Falls Grad | Grade Twin Fa | | | | |
| | | 12 12 SHOSHORE PAILS GRADE | | alls, | ID | 83301 | |
| Member | Dorothy Rea | 4142 Shoshone Falls Grade | | | | | |
| | -orothy Rea | | Twin Fa | alls, | ID | 83301 | |
| | | | | - | | 35001 | |
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| i. Organized Unde | r the Laws of: | 6. | | | | | |
| | AHO | | - 12. | | | | |
| | 21544 | Signature | my Ked | | Date _ /C | 2-11-05 | |
| VV | Z 1044 | Name (Typed or | 1 | | | | |
| · | | Name (Typed or Doro # | My Rec | <u> </u> | TitleM | lember / | |
| Issued 09/0 | 1/2005 | Do Not Tape or Staple | | | | | |
| | | PO 1404 Table of Stabile | <u> </u> | | 2005 | 11000274 | |