

No. W 20158	Due no later than Jul 31, 2003 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.		CHAD W SHEPPEARD 531 LOST BASIN CT NAMPA, ID 83686												
	ACCENT DESIGN, LLC. 531 LOST BASIN CT NAMPA, ID 83686														
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>OWNER</td> <td>CHAD SHEPPEARD</td> <td>531 LOST BASIN CT.</td> <td>NAMPA</td> <td>ID</td> <td>83686</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	OWNER	CHAD SHEPPEARD	531 LOST BASIN CT.	NAMPA	ID	83686
Office held	Name	Street or P.O. Address	City	State	Zip										
OWNER	CHAD SHEPPEARD	531 LOST BASIN CT.	NAMPA	ID	83686										
5. Organized Under the Laws of: IDAHO W 20158	6. Signature <u>Chad Sheppard</u> Date <u>7-22-03</u> Name (Typed or Printed) <u>CHAD SHEPPEARD</u> Title <u>OWNER</u>														