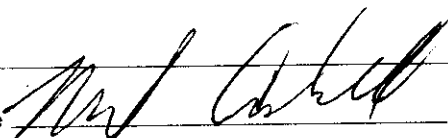


No. W 14440	Due no later than February 29, 2004		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		MARK CAMPBELL												
	1. Mailing Address <small>Correct in this box if applicable</small>		11361 WEST EXCALIBUR ST												
	IDA-PRO PAINTING, LLC MARK CAMPBELL 12887 W PAINT DR		BOISE, ID 83713												
	BOISE, ID 83713		3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><u>Office held</u></td> <td style="text-align: center;"><u>Name</u></td> <td style="text-align: center;"><u>Street or P.O. Address</u></td> <td style="text-align: center;"><u>City</u></td> <td style="text-align: center;"><u>State</u></td> <td style="text-align: center;"><u>Zip</u></td> </tr> <tr> <td></td> <td></td> <td colspan="4" style="text-align: center;">MARK CAMPBELL 12887 W PAINT DR BOISE ID 83713</td> </tr> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>			MARK CAMPBELL 12887 W PAINT DR BOISE ID 83713			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
		MARK CAMPBELL 12887 W PAINT DR BOISE ID 83713													
5. Organized Under the Laws of: IDAHO W 14440	6.  Signature _____ Date <u>2/12/04</u> Name <small>(Typed or Printed)</small> <u>MARK CAMPBELL</u> Title <u>OWNER</u>														