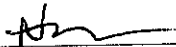
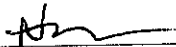
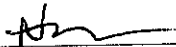


| <b>No. W 13896</b>  | <b>Due no later than December 31, 2003</b><br><b>Annual Report Form</b>  |   | 2. Registered Agent and Office <b>NO PO BOX</b><br><br>NEPHI N ALLEN<br><del>144 NORTH HWY 33</del><br>766 N Yellowstone<br>REXBURG, ID 83440 |   |                       |  |                  |       |     |  |             |  |  |  |  |  |              |            |         |    |       |  |           |  |  |  |  |
|---|--|---|---|---|-----------------------|--|------------------|-------|-----|--|-------------|--|--|--|--|--|--------------|------------|---------|----|-------|--|-----------|--|--|--|--|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>  | 1. Mailing Address - Correct in this box, if applicable<br>N K D PROPERTIES, L.L.C.<br><del>144 NORTH HWY 33</del> P.O. Box 759<br>REXBURG, ID 83440 |   | 3. New Registered Agent Signature   |   |                       |  |                  |       |     |  |             |  |  |  |  |  |              |            |         |    |       |  |           |  |  |  |  |
| 4. Limited Liability Companies. Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td></td> <td>Nephi Allen</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Kenn Johnson</td> <td>PO Box 759</td> <td>Rexburg</td> <td>ID</td> <td>83440</td> </tr> <tr> <td></td> <td>DEAN MOON</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |  |   |   | Office held   | Name                  | Street or P.O. Address                     | City             | State | Zip |  | Nephi Allen |  |  |  |  |  | Kenn Johnson | PO Box 759 | Rexburg | ID | 83440 |  | DEAN MOON |  |  |  |  |
| Office held   | Name   | Street or P.O. Address  | City  | State   | Zip                   |  |                  |       |     |  |             |  |  |  |  |  |              |            |         |    |       |  |           |  |  |  |  |
|   | Nephi Allen  |   |   |   |                       |  |                  |       |     |  |             |  |  |  |  |  |              |            |         |    |       |  |           |  |  |  |  |
|   | Kenn Johnson   | PO Box 759  | Rexburg   | ID  | 83440                 |  |                  |       |     |  |             |  |  |  |  |  |              |            |         |    |       |  |           |  |  |  |  |
|   | DEAN MOON  |   |   |   |                       |  |                  |       |     |  |             |  |  |  |  |  |              |            |         |    |       |  |           |  |  |  |  |
| 5. Organized Under the Laws of:<br><br>IDAHO<br>W 13896   |  | 6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Signature </td> <td style="width: 50%;">Date <u>20 Oct 03</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>Nephi Allen</u></td> <td>Title <u>man</u></td> </tr> </table> |   | Signature  | Date <u>20 Oct 03</u> | Name (Typed or Printed) <u>Nephi Allen</u> | Title <u>man</u> |       |     |  |             |  |  |  |  |  |              |            |         |    |       |  |           |  |  |  |  |
| Signature    | Date <u>20 Oct 03</u>  |   |   |   |                       |  |                  |       |     |  |             |  |  |  |  |  |              |            |         |    |       |  |           |  |  |  |  |
| Name (Typed or Printed) <u>Nephi Allen</u>  | Title <u>man</u>   |   |   |   |                       |  |                  |       |     |  |             |  |  |  |  |  |              |            |         |    |       |  |           |  |  |  |  |