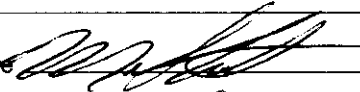
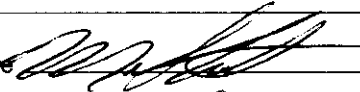
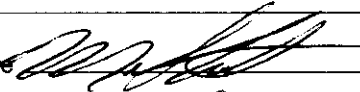


No. W 12484	Due no later than Jul 31, 2003		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		MARK SMOOT													
	1. Mailing Address - Correct in this box, if applicable		466 12TH ST													
	SMOOT ENTERPRISES, LLC		IDAHO FALLS, ID 83404													
	466 12TH ST		3. <u>New</u> Registered Agent Signature													
IDAHO FALLS, ID 83404																
4. Limited Liability Companies: Enter Names and Addresses of Managers. <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>MANAGER</td> <td>MARK SMOOT</td> <td>466 12TH STREET</td> <td>IDAHO FALLS</td> <td>10</td> <td>83404</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	MANAGER	MARK SMOOT	466 12TH STREET	IDAHO FALLS	10	83404
Office held	Name	Street or P.O. Address	City	State	Zip											
MANAGER	MARK SMOOT	466 12TH STREET	IDAHO FALLS	10	83404											
5. Organized Under the Laws of: IDAHO W 12484		6. <table border="1"> <tr> <td>Signature </td> <td>Date X 5/6/03</td> </tr> <tr> <td>Name (Typed or Printed) MARK SMOOT</td> <td>Title MANAGER</td> </tr> </table>			Signature 	Date X 5/6/03	Name (Typed or Printed) MARK SMOOT	Title MANAGER								
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