

No. W 18667	Due no later than Apr 30, 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		CAROL STEUSLOFF 423 E 4TH AVE 329 N. William St POST FALLS, ID 83854												
	STEUSLOFF, LLC 423 E 4TH AVE 329 N. William St POST FALLS, ID 83854														
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Carol Steusloff</td> <td>329 N. William Street</td> <td>Post Falls</td> <td>ID</td> <td>83854</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	Carol Steusloff	329 N. William Street	Post Falls	ID	83854
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Manager	Carol Steusloff	329 N. William Street	Post Falls	ID	83854										
5. Organized Under the Laws of: IDAHO W 18667		6. Signature <u>Carol Steusloff</u> Date <u>2/20/03</u> Name (Typed or Printed) <u>Carol Steusloff</u> Title _____													