


No. W 3450	Annual Report Form 1999 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct LEWISTON PARTNERS, LLC ROBERT L ALDRIDGE 1209 N EIGHTH ST BOISE ID 83702 4297		ROBERT L ALDRIDGE 1209 N EIGHTH ST BOISE ID 83702 3. Organized Under the Laws of: ID W 3450													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1"> <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>Bakulesh Patel</td> <td>530 4th Street</td> <td>Lake Oswego</td> <td>Ore</td> <td>97034</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	Bakulesh Patel	530 4 th Street	Lake Oswego	Ore	97034
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
Manager	Bakulesh Patel	530 4 th Street	Lake Oswego	Ore	97034											
5. Signature of New Registered Agent		6.  Signature _____ Date <u>2-26-99</u> Name (Typed or Printed) <u>Robert L. Aldridge</u> Title <u>Registered Agent</u>														

ISSUED: 07-03-1999
4648