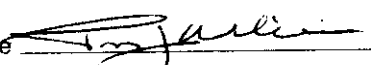
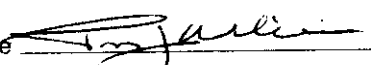
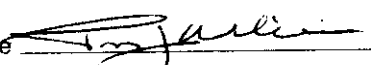


No. C 123516 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than April 30, 2004 Annual Report Form 1. Mailing Address. Correct in this box, if applicable. WILLIAMS LAW OFFICE CHTD. TIMOTHY J WILLIAMS PO BOX 282 TWIN FALLS, ID 83303 0282	2. Registered Agent and Office NO PO BOX TIMOTHY J WILLIAMS 401 2ND ST N TWIN FALLS, ID 83303 0282 3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Pres</td> <td>Tim J Williams</td> <td>PO 282</td> <td>TWIN FALLS</td> <td>ID</td> <td>83303</td> </tr> <tr> <td>Sec.</td> <td>RACHAEL HUNSAKER</td> <td>STREET PO BOX 282</td> <td>TWIN FALLS</td> <td>ID</td> <td>83303</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>	Pres	Tim J Williams	PO 282	TWIN FALLS	ID	83303	Sec.	RACHAEL HUNSAKER	STREET PO BOX 282	TWIN FALLS	ID	83303
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5. Organized Under the Laws of: IDAHO C 123516	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature </td> <td style="width: 40%;">Date <u>2/17/04</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>Tim J. Williams</u></td> <td>Title <u>Pres.</u></td> </tr> </table>		Signature 	Date <u>2/17/04</u>	Name (Typed or Printed) <u>Tim J. Williams</u>	Title <u>Pres.</u>														
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