

No. W 5127	Annual Report Form 1999 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX BEN E KATZ 1733 MAPLEWOOD DR TWIN FALLS ID 83301
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 BE & GE KATZ LIMITED LIABILITY 1733 MAPLEWOOD DR TWIN FALLS ID 83301		3. Organized Under the Laws of: ID W 5127

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
 Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☐ **Members** (check one)

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Ben E Katz	1733 Maplewood Drive	Twin Falls	Idaho	83301
Manager	Gloria E Katz	1733 Maplewood Drive	Twin Falls	Idaho	83301

5. Signature of New Registered Agent	6. <div style="display: flex; justify-content: space-between;"> <div> Signature <u><i>Ben E Katz MD</i></u> Name (Typed or Printed) <u>BEN E KATZ MD</u> </div> <div> Date <u>7/19/99</u> Title <u>Manager</u> </div> </div>
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ISSUED: 07-03-1999

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