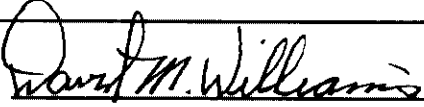


No. W 2145	<b>Annual Report Form</b> 1999 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct  BDSB FAR WEST OF IDAHO, L.C. DAVID M WILLIAMS 10238 WEEPING WILLOW DR  SANDY UT 84070		JAMES ELLIS 1337 LAVINE DR  POCA TELLO ID 33201  3. Organized Under the Laws of:  ID W 2145													
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input checked="" type="checkbox"/> <b>Members</b> (check one)  <table border="0" style="width:100%"> <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>Manager</td> <td>David M. Williams</td> <td>10238 So. Weeping Willow Dr.</td> <td>Sandy,</td> <td>UT</td> <td>84070</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	David M. Williams	10238 So. Weeping Willow Dr.	Sandy,	UT	84070
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
Manager	David M. Williams	10238 So. Weeping Willow Dr.	Sandy,	UT	84070											
5. Signature of New Registered Agent		6.  Signature <u>David M. Williams</u> Date <u>7/19/99</u> Name (Typed or Printed) <u>DAVID M. WILLIAMS</u> Title <u>MEMBER</u>														

ISSUED: 07-03-1999

6715