

No. W 24365	Due no later than May 31, 2004 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 CORNERSTONE HOME IMPROVEMENT, L.L.C ARLIE L RABER 2030 W 66TH S 1380 SW RABER DR. MTN HOME, ID 83647		ARLIE L RABER 2030 W 66TH S 1380 SW RABER DR. MTN HOME, ID 83647 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <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></td> <td>ARLIE RABER</td> <td>1380 SW RABER DR.</td> <td>MTN. HOME</td> <td>IDAHO</td> <td>83647</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>		ARLIE RABER	1380 SW RABER DR.	MTN. HOME	IDAHO	83647
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
	ARLIE RABER	1380 SW RABER DR.	MTN. HOME	IDAHO	83647										
5. Organized Under the Laws of: IDAHO W 24365	6. Signature <u><i>Arli Raber</i></u> Date <u>04-08-04</u> Name <small>(Typed or Printed)</small> <u>ARLIE RABER</u> Title <u>MANAGER</u>														