	Due no later than Feb 28, 2001	2 Posistant I t
Return to:	Annual Report Form	2. Registered Agent and Office NO PO BOX
SECRETARY OF STATE	1. Mailing Address - Correct in this box if and the	JIM R WALKER
700 WEST JEFFERSON	WILLIAM ONNO AND GRAVEL [1] CO	100 WALKER DR
PO BOX 83720	JIM J WALKER	DELLE ALT
BOISE, ID 83720-0080	JIM R WALKER	BELLEVUE, ID 83313
NO EN INO ESSE IS	POBOX 400	
NO FILING FEE IF	BELLEVUE, ID 83313	3. New Registered Agent Signature
RECEIVED BY DUE DATE		
 Limited Liability Compa 	anies: Enter Names and Addresses of Members.	
Office held Name		
. — —	Street or P.O. Address	<u>State</u> <u>Zip</u>
member Jim RW	alker Po Box 452 Hai	
member Jim J. U	Jalker Po Box 783 Belle	avue ID 83313
Organized Hede # 1		
i. Organized Under the Laws of:	6.	
i. Organized Under the Laws of: IDAHO		Marylula
IDAHO	Signature mklude	Manate 1/11/01
		Title:
IDAHO	Signature mklude	