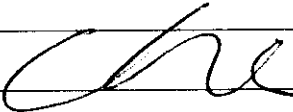


No. W 12031	Due no later than May 31, 2003 Annual Report Form	2. Registered Agent and Office NO PO BOX CHARMINE R ALLEN 418 SOUTHPORT AVE 165 LEWISTON, ID 83501												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable CDOWLS LTD. CO. CHARMINE R ALLEN 418 SOUTHPORT AVE 165 LEWISTON, ID 83501	3. New Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 10%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 5%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>member</td> <td>Charmaine R Allen</td> <td>165 Southport Ave</td> <td>Lewiston</td> <td>ID</td> <td>83501</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>	member	Charmaine R Allen	165 Southport Ave	Lewiston	ID	83501
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
member	Charmaine R Allen	165 Southport Ave	Lewiston	ID	83501									
5. Organized Under the Laws of: IDAHO W 12031	6. Signature  Date <u>6-30-03</u> Name (Typed or Printed) <u>CHARMAINE R. ALLEN</u> Title <u>MEMBER</u>													