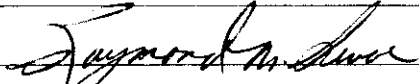
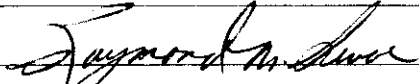
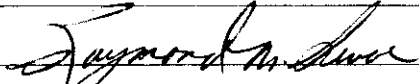


<b>No. W 17259</b>	<b>Due no later than December 31, 2004</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>  RAYMOND M SEVERE 1858 E 1ST ST IDAHO FALLS, ID 83402												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable  LINCOLN EMPLOYEE BENEFIT SOLUTIONS, RAYMOND M SEVERE 1858 E 1ST ST IDAHO FALLS, ID 83402		3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse;"> <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>Managing Member</td> <td>Raymond M Severe</td> <td>1858 E 1st St</td> <td>Idaho Falls</td> <td>ID</td> <td>83401</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>	Managing Member	Raymond M Severe	1858 E 1st St	Idaho Falls	ID	83401
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Managing Member	Raymond M Severe	1858 E 1st St	Idaho Falls	ID	83401										
5. Organized Under the Laws of:  <div style="text-align: center;">IDAHO W 17259</div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Signature </td> <td style="width: 50%;">Date <u>10-11-2004</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>Raymond M Severe</u></td> <td>Title <u>Managing Member</u></td> </tr> </table>		Signature 	Date <u>10-11-2004</u>	Name (Typed or Printed) <u>Raymond M Severe</u>	Title <u>Managing Member</u>								
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