




No. W 2296	Annual Report Form Due No Later Than November 30, 1997		2. Registered Agent and Office NOT A P.O. BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct SITE CONSULTING, LLC BOB ARNOLD 5516 N FIVEMILE RD BOISE ID 83713		BOB ARNOLD 5516 N FIVEMILE RD BOISE ID 83713 3. Organized Under the Laws of: ID W 2296													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input checked="" type="checkbox"/> Members (check one) <table border="1" data-bbox="28 335 1475 665"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Bob J. Arnold</td> <td>5516 No. Five Mile</td> <td>Boise</td> <td>ID</td> <td>83713</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Manager	Bob J. Arnold	5516 No. Five Mile	Boise	ID	83713
Office held	Name	Street or P.O. Address	City	State	Zip											
Manager	Bob J. Arnold	5516 No. Five Mile	Boise	ID	83713											
5. SIGNATURE OF CURRENT RA		6. <table border="1" data-bbox="541 665 1475 813"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>8/27/97</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Bob J. Arnold</td> <td>Title</td> <td>Manager</td> </tr> </table>			Signature		Date	8/27/97	Name (Typed or Printed)	Bob J. Arnold	Title	Manager				
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Name (Typed or Printed)	Bob J. Arnold	Title	Manager													

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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