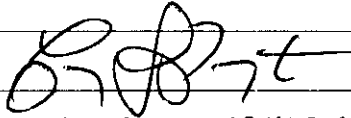
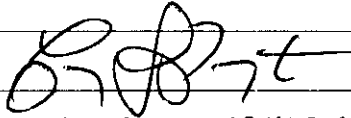
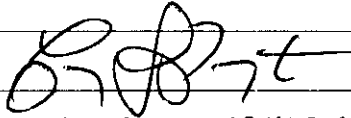


No. W 603	Due no later than Oct 31, 2002 Annual Report Form	2. Registered Agent and Office NO PO BOX LENNY PURRINGTON 2895 SHAWNIE PL POCATELLO, ID 83201																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable BCHP, L.L.C. LENNY PURRINGTON 2895 SHAWNIE PL POCATELLO, ID 83201	3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; width: 10%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 15%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MEMBER</td> <td>WILLIAM BARRY</td> <td>2925 WILLIAM</td> <td>POCATELLO</td> <td>IDAHO</td> <td>83201</td> </tr> <tr> <td>MEMBER</td> <td>STAN HALES</td> <td>381 SKYLINE DR</td> <td>POCATELLO</td> <td>IDAHO</td> <td>83201</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	WILLIAM BARRY	2925 WILLIAM	POCATELLO	IDAHO	83201	MEMBER	STAN HALES	381 SKYLINE DR	POCATELLO	IDAHO	83201
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5. Organized Under the Laws of: IDAHO W 603	6. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%;"> Signature  </td> <td style="width: 40%;"> Date <u>08/15/02</u> </td> </tr> <tr> <td> Name (Typed or Printed) <u>LENNY L PURRINGTON</u> </td> <td> Title <u>REGISTERED AGENT</u> <u>MGR.</u> </td> </tr> </table>		Signature 	Date <u>08/15/02</u>	Name (Typed or Printed) <u>LENNY L PURRINGTON</u>	Title <u>REGISTERED AGENT</u> <u>MGR.</u>														
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