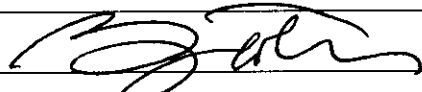
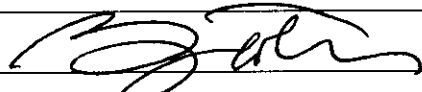
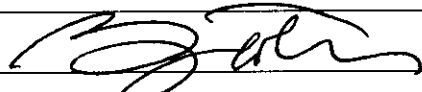


No. W 5377	Due no later than January 31, 2006 Annual Report Form	2. Registered Agent and Office NO PO BOX BEN TOLMAN 6288 S ECLIPSE PL BOISE, ID 83709																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable WBA/SPECTRUM, L.L.C. 6288 S ECLIPSE BOISE, ID 83709	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: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><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: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MANAGER</td> <td>BEN TOLMAN</td> <td>6288 S. ECLIPSE PL.</td> <td>BOISE</td> <td>ID</td> <td>83709</td> </tr> <tr> <td>MANAGER</td> <td>AMBER TOLMAN</td> <td>6288 S. ECLIPSE PL.</td> <td>BOISE</td> <td>ID</td> <td>83709</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>	MANAGER	BEN TOLMAN	6288 S. ECLIPSE PL.	BOISE	ID	83709	MANAGER	AMBER TOLMAN	6288 S. ECLIPSE PL.	BOISE	ID	83709
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5. Organized Under the Laws of: IDAHO W 5377	6. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%;"> Signature  </td> <td style="width: 40%;"> Date <u>11/11/05</u> </td> </tr> <tr> <td> Name (Typed or Printed) <u>BEN TOLMAN</u> </td> <td> Title <u>OWNER/MANAGER</u> </td> </tr> </table>		Signature 	Date <u>11/11/05</u>	Name (Typed or Printed) <u>BEN TOLMAN</u>	Title <u>OWNER/MANAGER</u>														
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