No. W 9329	Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE	1 Mailing Address - Correct in this box, if applicable	CHERYL K ROACH 1420 S BLAINE STE 3
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	CHERYL K ROACH 1420 S BLAINE STE 3	MOSCOW, ID 83843
NO FILING FEE IF	MOSCOW, ID 83843	3. New Registered Agent Signature
RECEIVED BY DUE DATE  4. Limited Liability Compa	l nies: Enter Names and Addresses of Members	
Office held Name	Street or P.O. Address	City State Zip
OWNER Charylk K	each 1420S. Blaine #3 Moscon	w Idaho 83843
OWNER Chargin R	oach 1420s. Diaine #3 Moscon	w Idaho 83843
OWNER Chargia R	oach 1420s. Diaine #3 Mosco	w Idaho 83843
OWNER Chargi K. K	oach 1420s. Diaine #3 Moscon	w Idaho 83843
5. Organized Under the Laws of:	6. 2. 2. 2	
,		Date 05-20-01