

No. W 4937	Annual Report Form <i>Due No Later Than November 30,</i>		1999	2. Registered Agent and Office NOT A P.O. BOX MARTHA M GODFREY 514 ALMON ST MOSCOW ID 83843																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct			3. Organized Under the Laws of: ID W 4937																			
	JABBOUR, LLC MARTHA M GODFREY 514 ALMON ST MOSCOW ID 83843																						
* FIRST NOTICE *																							
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 type="checkbox"/> Members (check one)																							
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office held</th> <th style="text-align: left; width: 25%;">Name</th> <th style="text-align: left; width: 35%;">Street or P.O. Address</th> <th style="text-align: left; width: 10%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 5%;">Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>MARTHA M. GODFREY</td> <td>514 S. ALMON</td> <td>MOSCOW</td> <td>ID</td> <td>83843</td> </tr> <tr> <td>SECRETARY</td> <td>JANE L. JABBOUR</td> <td>2040 WHITE AVE</td> <td>MOSCOW</td> <td>ID</td> <td>83843</td> </tr> </tbody> </table>						Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	MARTHA M. GODFREY	514 S. ALMON	MOSCOW	ID	83843	SECRETARY	JANE L. JABBOUR	2040 WHITE AVE	MOSCOW	ID	83843
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SECRETARY	JANE L. JABBOUR	2040 WHITE AVE	MOSCOW	ID	83843																		
5. Signature of New Registered Agent		6.																					
		Signature <u><i>Jane L Jabbour</i></u> Date <u><i>7-21-99</i></u>																					
		Name (Typed or Printed) _____ Title _____																					

ISSUED: 07-03-1999

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