

No. <b>W 23415</b>	<b>Due no later than March 31, 2005</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable:  ADVANCED CONTRACTING L.L.C. PO BOX 5 LEWISTON, ID 83501		KIMBERLY MARTIN 1215 BRYDEN AVE LEWISTON, ID 83501  3. New Registered Agent Signature																			
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <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>PARTNER</td> <td>KIMBERLY S. MARTIN</td> <td>1215 BRYDEN AVE</td> <td>LEWISTON</td> <td>ID</td> <td>83501</td> </tr> <tr> <td>PARTNER</td> <td>ALLEN B. OLANDER</td> <td>3109 6th St.</td> <td>LEWISTON</td> <td>ID</td> <td>83501</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PARTNER	KIMBERLY S. MARTIN	1215 BRYDEN AVE	LEWISTON	ID	83501	PARTNER	ALLEN B. OLANDER	3109 6th St.	LEWISTON	ID	83501
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5. Organized Under the Laws of:  IDAHO W 23415		6. Signature <u>Kimberly S. Martin</u> Date <u>2-28-05</u> Name <small>(Typed or Printed)</small> <u>KIMBERLY S. MARTIN</u> Title <u>PARTNER</u>																				