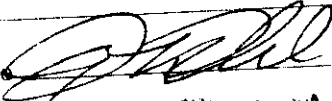


No. W 30891	Due no later than May 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable CHARIZMA, LLC 418 COTTONWOOD DR ST ANTHONY, ID 83445		LORI MACKERT 418 COTTONWOOD DR ST ANTHONY, ID 83445
NO FILING FEE IF RECEIVED BY DUE DATE			
4. Limited Liability Companies: Enter Names and Addresses of Members.			
<u>Office held</u> MEMBER	<u>Name</u> LORI MACKERT	<u>Street or P.O. Address</u> 418 COTTONWOOD DR ST ANTHONY	<u>City</u> <u>State</u> ID <u>Zip</u> 83445
MEMBER	KIRK MACKERT	418 COTTONWOOD DR ST ANTHONY	ID 83445
5. Organized Under the Laws of: IDAHO W 30891		6. Signature  Name (Print or Type) TROY THURGOOD Date 5/18/05 Title ACCOUNTANT	