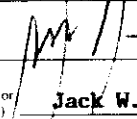


No. W 6195	Due for renewal May 31, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX													
Return to: W 6195 SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable		JACK W GUSTAVEL 5713 E SHORELINE DR POST FALLS, ID 83854													
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature													
4. <u>Business Name</u> <u>City</u> <u>State</u> <u>Zip</u> <u>Street or P.O. Address</u> <u>City</u> <u>State</u> <u>Zip</u> <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Jack W. Gustavel</td> <td>5713 E Shoreline Dr</td> <td>Post Falls</td> <td>ID</td> <td>83854</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	Jack W. Gustavel	5713 E Shoreline Dr	Post Falls	ID	83854
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
Manager	Jack W. Gustavel	5713 E Shoreline Dr	Post Falls	ID	83854											
5. Organized Under the Laws of: IDAHO W 6195		6. Signature  Date 3/10/03 Name (Typed or Printed) Jack W. Gustavel Title Manager														