				OF SO NO PO BOX
	Due no later than May 31, 2003 Annual Report Form 1. Mailing Address - Correct in this box, if applicable		2. Registered Agent and Office NO PO BOX CAPELLA L IKOLA 14179 HWY 55	
No. W 6121				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON	IVOLA TESTING SERVICE, LEG	MCC/	ALL, ID 83638	
PO BOX 83720 BOISE, ID 83720-0080	CAPELLA L IKOLA PO BOX 4458		3. New Registered Agent Signature	
NO CCE IE	MCCALL, ID 33638	hore		
RECEIVED BY DUE DATE 4. Limited Liability Compa	anies: Enter Names and Addresses of Me Street or P.O. Address	City	State	<u>Zip</u>
Office held Name		McCall	ID	33638
Member Capella		McCall	ID	83638
Member Gerry L.	Ikola			
	A	1 11		3/11/03
5. Organized Under the Laws of	6. Signature Cypellar	Likolen	Date	inaging Membe
IDAHO W 6121	Name	a L. Ikola	11de 0.5	(
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