D-4	A 1 Ph	2. Registered Agent and Office NO PO BOX
Return to:	Annual Report Form	PANDALL M SCHMENDIMANI
	1. Mailing Address - Correct in this box, if applicable	9 PROFESSIONAL PLAZA
	WENDIMAN, SUTTON, SIMMONS & ASSO	REXBURG, ID 83440
1 O DOX 63720	ROFESSIONAL PLZ BURG, ID 83440	
BOISE, ID 83720-0080	30KG, ID 63440	
NO EU INO EEE IE		3. New Registered Agent Signature
NO FILING FEE IF		g varies right dignature
RECEIVED BY DUE DATE		
 Limited Liability Companies: Er 	nter Names and Addresses of Managers.	
Office held Name	Street or P.O. Address	City State 7:-
MANAGEY Dunlati M Och	HAIR THROUGH IN DONORAL DIA	State ZID
inmidutet tanani in 3011	wendiman 39 Professional Plaza	c Housing ID 83140
1110041 117 3011	to the second of	
Manager Lyte M. Simi	mons 39 Professional Plaza	Paylorg ID 83440
ווווט זוו טון ביי די ויין שוואיון	HWID ON PHITISSION PINCE	, 10000
Mariana O Lilian C	Jutton 39 Professional Plaza	1 Rathin DD 83440
NNOMADAY KANDADI D.C	1HTM 20 PMPS(INVII PVI7)	1 KUMU IN 00190
i por confer i contribut as	William of the contract the	
9		
Organizad Under the Lawrest		
5. Organized Under the Laws of:	6.	
IDAHO	Signature	Date 11/07/2005
W 27915	(Typed or	
	Name (Typed or Printed) Lyle M. Simm	NONS Title MANAGER
Issued 11/01/2005		