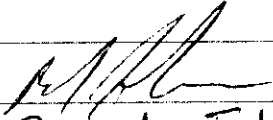


No. W 15386	Due no later than May 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX BRAD JOHANSEN 2111 PATRICE DR NAMPA, ID 83686																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable B&A ENTERPRISES, LLC 2111 PATRICE DR NAMPA, ID 83686		3 <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Office held</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Street or P.O. Address</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>City</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>State</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Brad Johansen</td> <td>2111 Patrice Dr</td> <td>Nampa</td> <td>ID</td> <td>83686</td> </tr> <tr> <td>Manager</td> <td>Angela Johansen</td> <td>2111 Patrice Dr</td> <td>Nampa</td> <td>ID</td> <td>83686</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	Brad Johansen	2111 Patrice Dr	Nampa	ID	83686	Manager	Angela Johansen	2111 Patrice Dr	Nampa	ID	83686
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5. Organized Under the Laws of: IDAHO W 15386		6. Signature  Date _____ Name (Typed or Printed) Brad Johansen Title Manager																			