




<b>No. W 2698</b>	<b>Due no later than Jul 31, 2001</b>		2. Registered Agent and Office <b>NO PO BOX</b> ROBERT B SMITH													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	<b>Annual Report Form</b> 1. Mailing Address - Correct in this box, if applicable SAFE LLC ROBERT B SMITH P.O. BOX 864 POST FALLS, ID 838 77		2043 W. LADY ANNE WAY POST FALLS, ID 83854  3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;"><u>Office held</u></th> <th style="text-align: center;"><u>Name</u></th> <th style="text-align: center;"><u>Street or P.O. Address</u></th> <th style="text-align: center;"><u>City</u></th> <th style="text-align: center;"><u>State</u></th> <th style="text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">DIRECTOR</td> <td style="text-align: center;">ROBERT B SMITH</td> <td style="text-align: center;">BOX 864</td> <td style="text-align: center;">POST FALLS</td> <td style="text-align: center;">ID</td> <td style="text-align: center;">83877</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>	DIRECTOR	ROBERT B SMITH	BOX 864	POST FALLS	ID	83877
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
DIRECTOR	ROBERT B SMITH	BOX 864	POST FALLS	ID	83877											
5. Organized Under the Laws of:  IDAHO W 2698		6. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">           Signature             Name (Typed or Printed) ROBERT B SMITH         </td> <td style="width:50%;">           Date 5/16/01            Title: DIRECTOR         </td> </tr> </table>			Signature  Name (Typed or Printed) ROBERT B SMITH	Date 5/16/01 Title: DIRECTOR										
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