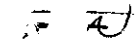
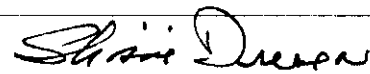
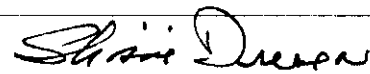
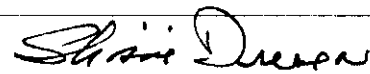


No. W 5328	Due no later than January 31, 2005 Annual Report Form	2. Registered Agent and Office NO PO BOX SHANE DRESEN 1807 E RIVERWALK AVE POST FALLS, ID 83854 5377 Steamboat Bend																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable DRESEN PROPERTY AND MANAGEMENT COMP SHANE DRESEN 1807 E RIVERWALK AVE 5377 Steamboat Bend POST FALLS, ID 83854	3. New Registered Agent Signature <div style="text-align: right;">  </div>																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 10%;">Office held</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 30%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 15%;">State</th> <th style="text-align: left; width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>COO</td> <td>Shane Dresen</td> <td>5377 Steamboat Bend</td> <td>Post Falls</td> <td>Idaho</td> <td>83854</td> </tr> <tr> <td>COF</td> <td>Kathy Dresen</td> <td>5377 Steamboat Bend</td> <td>Post Falls</td> <td>Id</td> <td>83854</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	COO	Shane Dresen	5377 Steamboat Bend	Post Falls	Idaho	83854	COF	Kathy Dresen	5377 Steamboat Bend	Post Falls	Id	83854
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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 5328 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature </td> <td style="width: 40%;">Date 1/10/05</td> </tr> <tr> <td>Name <small>Typed or Printed</small> SHANE DRESEN</td> <td>Title COO</td> </tr> </table>		Signature 	Date 1/10/05	Name <small>Typed or Printed</small> SHANE DRESEN	Title COO														
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