

No. W 15061	Due no later than Apr 30, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX STEPHEN H TELFORD 2635 CHANNING WAY IDAHO FALLS, ID 83404																		
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 HOLST WRECKING LAND, LLC 2635 CHANNING WAY IDAHO FALLS, ID 83404		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;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Jon Scott Holst</td> <td>PO Box 126</td> <td>Ucon</td> <td>ID</td> <td>83454</td> </tr> <tr> <td>Manager</td> <td>Shauna A. Holst</td> <td>PO Box 126</td> <td>Ucon</td> <td>ID</td> <td>83454</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	Jon Scott Holst	PO Box 126	Ucon	ID	83454	Manager	Shauna A. Holst	PO Box 126	Ucon	ID	83454
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																
Manager	Jon Scott Holst	PO Box 126	Ucon	ID	83454																
Manager	Shauna A. Holst	PO Box 126	Ucon	ID	83454																
5. Organized Under the Laws of: IDAHO W 15061		6. Signature <u>Shauna A. Holst</u> Date _____ Name <small>(Typed or Printed)</small> <u>Shauna A. Holst</u> Title <u>Manager</u>																			