

No. <b>W 17246</b>	<b>Due no later than Dec 31, 2002 Annual Report Form</b>	2. Registered Agent and Office <b>NO PO BOX</b>												
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>	1. Mailing Address - Correct in this box if applicable DREAMWALKER L.L.C.  PO BOX 892  PRIEST RIVER, ID 83856	WILLIAM G ODOM 612 GOAWAY  PRIEST RIVER, ID 83856  3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1" 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>William Odom</td> <td>P.O. Box 892</td> <td>Priest River</td> <td>ID</td> <td>83856</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	William Odom	P.O. Box 892	Priest River	ID	83856
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
Manager	William Odom	P.O. Box 892	Priest River	ID	83856									
5. Organized Under the Laws of:  IDAHO W 17246	6. Signature <u>William G. Odom</u> Date <u>10/14/02</u> Name <small>(Typed or Printed)</small> <u>William G. Odom</u> Title <u>Manager</u>													