


No. W 9534	Due no later than August 31, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX												
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 JOMAR, LLC JON JOHNSON POB 51920 IDAHO FALLS, ID 83405		JON JOHNSON 5345 HEYREND CIR IDAHO FALLS, ID 83402 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>JON L JOHNSON</td> <td>1053E 1300N</td> <td>SHALLET ID</td> <td></td> <td>83274</td> </tr> </tbody> </table> <p style="text-align: center;">↖ New ADDRESS</p>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		JON L JOHNSON	1053E 1300N	SHALLET ID		83274
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
	JON L JOHNSON	1053E 1300N	SHALLET ID		83274										
5. Organized Under the Laws of: IDAHO W 9534		6.  Signature _____ Date <u>6/15/04</u> Name (Typed or Printed) <u>JON L JOHNSON</u> Title <u>MANAGER</u>													

Issued 06/01/2004

Do Not Tape or Staple

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