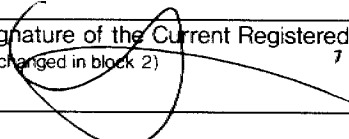


No. 210	Idaho Limited Liability Company Annual Report Form Due No Later Than November 1, 1994		2. Registered Agent and Office KEVIN T. SULLIVAN 683 NORTH CAPITAL IDAHO FALLS ID 83405-1718	
Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address — PROFESSIONAL SUPPORT SERVICES P KEVIN T SULLIVAN 683 N CAPITAL AVE IDAHO FALLS ID 83405 1718		3. Organized Under The Laws of ID NO: 216	
4. Names and Addresses of <input type="checkbox"/> Managers or <input checked="" type="checkbox"/> Members (check one)				
<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
WINSTON V BEARD	P.O. BOX 51718	IDAHO FALLS	ID	83405-1718
JOHN G. ST. CLAIR	P.O. BOX 51718	IDAHO FALLS	ID	83405-1718
D. GARY PETERSON	P.O. BOX 51718	IDAHO FALLS	ID	83405-1718
KEVIN T. SULLIVAN	P.O. BOX 51718	IDAHO FALLS	ID	83405-1718
5. Signature of the Current Registered Agent (if changed in block 2) <div style="border-bottom: 1px solid black; height: 40px; margin-top: 10px;">  </div>		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Winston V. Beard</u> Name (Typed or Printed) <u>WINSTON V. BEARD</u> Date <u>9/23/94</u>		