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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>No. W 24867</b><br><br>Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>Due no later than June 30, 2004</b><br><b>Annual Report Form</b><br><div style="background-color: black; color: white; padding: 2px; text-align: center;">1. Mailing Address - Correct in this box, if applicable</div> OHMS L.L.C.<br>557 S ADAM<br>IDAHO FALLS, ID 83401 | 2. Registered Agent and Office <b>NO PO BOX</b><br><br>GAELYN MILLER<br>557 S ADAM<br>IDAHO FALLS, ID 83401<br><br>3. <u>New</u> Registered Agent Signature |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|

4. Limited Liability Companies: Enter Names and Addresses of Members.

| Office held | Name          | Street or P.O. Address | City        | State | Zip   |
|-------------|---------------|------------------------|-------------|-------|-------|
| Manager     | Sharon Miller | 557 S Adam             | Idaho Falls | ID    | 83401 |
| "           | Sharon Orr    | 696 Ranch              | "           | "     | "     |

|                                                                                                 |                                                                                                                                  |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 5. Organized Under the Laws of:<br><br><div style="text-align: center;">IDAHO<br/>W 24867</div> | 6. Signature <u>Sharon Miller</u> Date _____<br>Name <small>(Typed or Printed)</small> <u>Sharon Miller</u> Title <u>Manager</u> |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|

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Do Not Tape or Staple

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