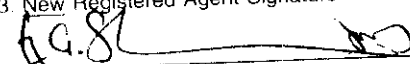
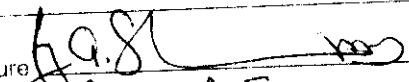


No. W 24741	Due no later than June 30, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		WENDY EDMUNDS COUGAR ISLAND MCCALL, ID 83638 CRAIG A. SINKINSON, M.D.												
	CONEJO TRUST, LLC PO BOX 2002 MCCALL, ID 83638 2002		3. New Registered Agent Signature 												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td></td> <td>Wendy Edmunds</td> <td>P.O. Box 322</td> <td>SANTA BARBARA</td> <td>CA</td> <td>93102-0322</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip		Wendy Edmunds	P.O. Box 322	SANTA BARBARA	CA	93102-0322
Office held	Name	Street or P.O. Address	City	State	Zip										
	Wendy Edmunds	P.O. Box 322	SANTA BARBARA	CA	93102-0322										
5. Organized Under the Laws of: IDAHO W 24741	6. Signature  Name <small>(Typed or Printed)</small> CRAIG A. SINKINSON, M.D.			Date 5/10/05 Title AGENT											

Issued 04/01/2005

Do Not Tape or Staple

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