

No. **W 22177****Due no later than January 31, 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**1. Mailing Address - Correct in this box, if applicable**TMD, PLLC
CHAD W ROSKELLEY
2037 E SUMMERSWEET DR
BOISE, ID 83716CHAD W ROSKELLEY
2033 E SUMMERSWEET DR
BOISE, ID 83716**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature

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

Office heldNameStreet or P.O. AddressCityStateZip

COPRES DR CHAD W. ROSKELLEY
COPRES. DR TED WAGNER
2033 E. SUMMERSWEET DR.
BOISE, ID 83716

5. Organized Under the Laws of:

IDAHO
W 22177

6.

Signature

Date

Name (Typed or Printed)

Title

Issued 11/01/2004

Do Not Tape or Staple

2.00501E+11