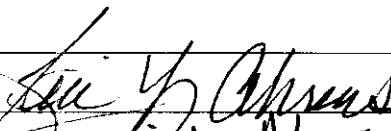


No. W 16390	Due no later than August 31, 2003		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		TERI L AHRENS												
	1. Mailing Address - Correct in this box, if applicable		5960 W HALF MOON LANE												
	SENORITA, L.L.C. 5960 W HALF MOON LANE EAGLE, ID 83616		EAGLE, ID 83616												
3. <u>New</u> Registered Agent Signature															
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><u>Office held</u></td> <td style="text-align: center;"><u>Name</u></td> <td style="text-align: center;"><u>Street or P.O. Address</u></td> <td style="text-align: center;"><u>City</u></td> <td style="text-align: center;"><u>State</u></td> <td style="text-align: center;"><u>Zip</u></td> </tr> <tr> <td style="text-align: center;">MEMBER</td> <td style="text-align: center;">TERI L. AHRENS</td> <td style="text-align: center;">5960 W Half Moon Ln</td> <td style="text-align: center;">EAGLE, ID</td> <td style="text-align: center;">83616</td> <td></td> </tr> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	MEMBER	TERI L. AHRENS	5960 W Half Moon Ln	EAGLE, ID	83616	
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
MEMBER	TERI L. AHRENS	5960 W Half Moon Ln	EAGLE, ID	83616											
5. Organized Under the Laws of: IDAHO W 16390		6. Signature  Date <u>8/8/03</u> Name (Type or Printed) <u>TERI L. AHRENS</u> Title <u>MEMBER</u>													