

| <b>No. W 6139</b>   | <b>Due no later than May 31, 2005</b><br><b>Annual Report Form</b>  |   | 2. Registered Agent and Office <b>NO PO BOX</b><br><br>ALLEN LEE CENTERS<br>3770 SOUTH LINDER ROAD<br>MERIDIAN, ID 83642 |                    |             |                               |             |              |            |                    |            |            |          |    |       |
|---|---|---|--|--------------------|-------------|-------------------------------|-------------|--------------|------------|--------------------|------------|------------|----------|----|-------|
| 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>1. Mailing Address - Correct in this box, if applicable</b><br><br>CENTERS FARM, LLC<br>ALLEN LEE CENTERS<br>PO BOX 518<br>MERIDIAN, ID 83680 0518 |   | 3. <u>New</u> Registered Agent Signature   |                    |             |                               |             |              |            |                    |            |            |          |    |       |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers.<br><table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 15%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">PRESIDENT<br/>OWNER</td> <td style="vertical-align: top;">LeeCenters</td> <td style="vertical-align: top;">PO BOX 518</td> <td style="vertical-align: top;">Meridian</td> <td style="vertical-align: top;">ID</td> <td style="vertical-align: top;">83680</td> </tr> </tbody> </table> |   |   |  | <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | PRESIDENT<br>OWNER | LeeCenters | PO BOX 518 | Meridian | ID | 83680 |
| <u>Office held</u>  | <u>Name</u>   | <u>Street or P.O. Address</u>   | <u>City</u>  | <u>State</u>       | <u>Zip</u>  |                               |             |              |            |                    |            |            |          |    |       |
| PRESIDENT<br>OWNER  | LeeCenters  | PO BOX 518  | Meridian   | ID                 | 83680       |                               |             |              |            |                    |            |            |          |    |       |
| 5. Organized Under the Laws of:<br><br>IDAHO<br>W 6139  |   | 6. Signature <u>Lee C</u> Date _____<br>Name (Typed or Printed) <u>LEE CENTERS</u> Title <u>PRESIDENT</u> |  |                    |             |                               |             |              |            |                    |            |            |          |    |       |