No. W 18410	Due no later than March 31, 2006	
Return to:	Annual Report Form	2. Registered Agent and Office NO PO BOX
SECRETARY OF STATE	1. Mailing Address - Correct in this box, if applicable	MICHAEL J SWOPE
700 WEST JEFFERSON	11TH STREET, LLC	
PO BOX 83720	MICHAEL J SWOPE	BOISE, ID 83706 6139
BOISE, ID 83720-0080	2897 SWALLOWTAIL LN BOISE, ID 83706 6139	
NO FILING FEE IF		3. New Registered Agent Signature
RECEIVED BY DUE DATE		registered Agent Signature
Limited Liability Companie	es: Enter Names and Addresses of Managers.	
OHI I. I.	The Marines and Addresses of Managers.	
Office held Name	Street or P.O. Address	<u> State Zip</u>
/~ (1 KC	Mary Jane Swo 2897 Swallow	fail
١,	Boise, 1D 8= Ritter 1409 Camell	3704
Vim	Ritter 1409 Camelo	ack in Doing (D)
i. Organized Under the Laws of: IDAHO W 18410	6. Signature Mary Jane Ser	Tope Date 1- 9-04
Issued 01/04/2006	Name Printed) Mary Jam	SWOPE Title Co Manager
	Do Not Tape or Staple	200603002189