

## INSTRUCTIONS ON REVERSE SIDE

|                                                                                 |                                                                                           |  |                                               |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--|-----------------------------------------------|
| No. 89                                                                          | Idaho Limited Liability Company Annual Report Form                                        |  | 2. Registered Agent and Office NOT A P.O. BOX |
| Return To                                                                       | Due No Later Than November 30, 1995                                                       |  | NORMAN SEID<br>3605 ARTHUR                    |
| Secretary of State<br>700 W Jefferson<br>P.O. Box 83720<br>Boise, ID 83720-0080 | 1. Mailing Address -- Please Correct If Not Correct<br>SEPAX, LLC<br>SEPAX<br>3605 ARTHUR |  | CALDWELL ID 83605                             |
| * FIRST NOTICE *                                                                | CALDWELL ID 83605                                                                         |  | 3. Organized Under The Laws of<br>ID          |
| NO FEE REQUIRED                                                                 |                                                                                           |  | NO: 89                                        |

|                                                                                                             |                        |                          |       |       |
|-------------------------------------------------------------------------------------------------------------|------------------------|--------------------------|-------|-------|
| 4. Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) |                        | MUST BE PRINTED OR TYPED |       |       |
| Name                                                                                                        | Street or P.O. Address | City                     | State | Zip   |
| NORMAN W. SEID                                                                                              | 3865 BARSTOW CT        | BOISE                    | ID    | 83709 |
| GERALD R. PAXTON                                                                                            | 1407 S. ARLADIA        | BOISE                    | ID    | 83705 |
| GARREY L. GILMAN                                                                                            | 1087 W. RIVER #230     | BOISE                    | ID    | 83702 |

|                                                                         |                                                                                                                                                                                   |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5. Signature of the Current Registered Agent<br>(if changed in block 2) | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.<br>Signature _____ Date _____<br>Name (Printed) _____ |
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