

No. W 11074	Due no later than Feb 28, 2001		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		LUCILLE WALKER												
	1. Mailing Address - Correct in this box, if applicable L.S. WALKER, LLC LUCILLE WALKER 539 RIMVIEW DR TWIN FALLS, ID 83301		539 RIMVIEW DR TWIN FALLS, ID 83301 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Lucille Walker</td> <td>539 Rimview Dr</td> <td>Twin Falls</td> <td>Idaho</td> <td>83301</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>	Manager	Lucille Walker	539 Rimview Dr	Twin Falls	Idaho	83301
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Manager	Lucille Walker	539 Rimview Dr	Twin Falls	Idaho	83301										
5. Organized Under the Laws of: IDAHO W 11074	6. Signature <u>Lucille Walker</u> Date <u>Jan 2 2001</u> Name (Typed or Printed) <u>LUCILLE WALKER</u> Title: <u>Manager</u>														