


<b>No. W 2698</b>  Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Due no later than Jul 31, 2002 Annual Report Form</b>  <b>1. Mailing Address - Correct in this box, if applicable</b>  SAFE LLC ROBERT B SMITH PO BOX 864  POST FALLS, ID 83877	<b>2. Registered Agent and Office NO PO BOX</b>  ROBERT B SMITH 2043 W LADY ANNE WAY  POST FALLS, ID 83854  <b>3. <u>New</u> Registered Agent Signature</b>												
<b>4. Limited Liability Companies: Enter Names and Addresses of Members.</b>  <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Office held</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Street or P.O. Address</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>City</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>State</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">DIRECTOR</td> <td style="vertical-align: top;">ROBERT B. SMITH</td> <td style="vertical-align: top;">BOX 864</td> <td style="vertical-align: top;">POST FALLS,</td> <td style="vertical-align: top;">ID</td> <td style="vertical-align: top;">83877</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>	DIRECTOR	ROBERT B. SMITH	BOX 864	POST FALLS,	ID	83877
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
DIRECTOR	ROBERT B. SMITH	BOX 864	POST FALLS,	ID	83877									
<b>5. Organized Under the Laws of:</b>  IDAHO W 2698	<b>6.</b> Signature  Date <u>5/11/02</u> Name <small>(Typed or Printed)</small> <u>ROBERT B. SMITH</u> Title <u>DIRECTOR</u>													