

No. W 7067	Due no later than October 31, 2005		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		MICHAEL KAUFMAN													
	1. Mailing Address - Correct in this box, if applicable FELSTED-BROEMMELING, L.L.C. 2985 MAYFAIR RIDGE LEWISTON, ID 83501		2985 MAYFAIR RIDGE LEWISTON, ID 83501 3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Managers. <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>MICHAEL KAUFMAN</td> <td>2985 MAYFAIR RIDGE</td> <td>LEWISTON</td> <td>ID</td> <td>83501</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	MICHAEL KAUFMAN	2985 MAYFAIR RIDGE	LEWISTON	ID	83501
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
MANAGER	MICHAEL KAUFMAN	2985 MAYFAIR RIDGE	LEWISTON	ID	83501											
5. Organized Under the Laws of: IDAHO W 7067		6. Signature <u>Michael Kaufman</u> Date <u>9-24-05</u> Name (Typed or Printed) <u>MICHAEL KAUFMAN</u> Title <u>MANAGER</u>														

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