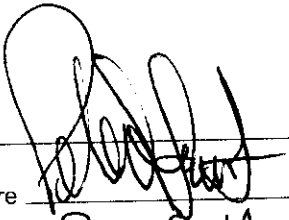


No. <b>W 20118</b>	<b>Due no later than Jul 31, 2003 Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable  INTERNATIONAL GROUNDING TRAINING LL  4510 MOSSBERG CIR  POST FALLS, ID 83854		PETER M FAUST 4510 MOSSBERG CIR  POST FALLS, ID 83854  3. New Registered Agent Signature  N/A												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>MANAGER</td> <td>PETER M. FAUST</td> <td>4510 MOSSBERG CIRCLE</td> <td>POST FALLS</td> <td>ID</td> <td>83854</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	MANAGER	PETER M. FAUST	4510 MOSSBERG CIRCLE	POST FALLS	ID	83854
Office held	Name	Street or P.O. Address	City	State	Zip										
MANAGER	PETER M. FAUST	4510 MOSSBERG CIRCLE	POST FALLS	ID	83854										
5. Organized Under the Laws of:  IDAHO W 20118		6.  Signature _____ Date <b>5-9-03</b> Name (Typed or Printed) <b>PETER M. FAUST</b> Title <b>MANAGER</b>													