


No. W 9747	Due no later than Sep 30, 2002 Annual Report Form	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	1. Mailing Address - Correct in this box, if applicable MORTGAGE EXPRESS, L.L.C. SHARON O HANCOCK 796 MEMORIAL DR ste #2 IDAHO FALLS, ID 83402	SHARON O HANCOCK 725 JENSEN'S GROVE STE 6 796 Memorial Dr #2 BLACKFOOT, ID 83221												
3. New Registered Agent Signature														
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Sharon O Hancock</td> <td>796 Memorial Dr #2</td> <td>Idaho Falls</td> <td>ID</td> <td>83402</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	Sharon O Hancock	796 Memorial Dr #2	Idaho Falls	ID	83402
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
Manager	Sharon O Hancock	796 Memorial Dr #2	Idaho Falls	ID	83402									
5. Organized Under the Laws of: IDAHO W 9747	6. Signature  Date <u>7-17-02</u> Name (Typed or Printed) <u>Sharon O Hancock</u> Title <u>Manager</u>													