No. W 28398	Due no later than February 29, 2008 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable SOUTHSIDE ASSOCIATES OF IDAHO FALLS NADENE JENKINS PO BOX 160711	STEVEN R PARRY 490 MEMORIAL DR IDAHO FALLS, ID 83405 3. New Registered Agent Signature
NO FILING FEE IF RECEIVED BY DUE DATE		
4. Limited Liability Compan	ies: Enter Names and Addresses of Managers.	
Office held Name	Street or P.O. Address City	State Zip
Manager NADENE JEN	KINS POBOX 160711 CLEARFI	IELD UT 84016
the state of the s	6. Signature	Test Date 12/18/07
5. Organized Under the Laws of: IDAHO W 28398	Name Prod TNADENE JENKINS	- PEATTINE MANAGER 200802005872