	Due no later than March 31, 2006	
Return to:	Annual Report Form	2. Registered Agent and Office NO PO BO
SECRETARY OF STATE	1. Mailing Address - Correct in this box, if applicable	KLADE WILLIAMS
700 WEST JEFFERSON	HIGHMARK LLC	1223 DESERT VIEW DR
PO BOX 83720	1223 DESERT VIEW DR	TWIN FALLS, ID 83301
BOIGE, ID 83720-0080	TWIN FALLS, ID 83301	
NO FILING FEE IF		
RECEIVED BY DUE DATE		3. New Registered Agent Signature
 Limited Liability Companie 	es: Enter Names and Addresses of Members.	
Office held Name	- Members.	
- Name	Street or P.O. Address Williams 1223 Desert View	City C4-4-
Member Klade	C11/1/2 1222 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	State Zip
111001 / 10120	-cirrems 1225 Desert View	DR TWIN FAILS TA DER
		TP 92701
	,	
5. Organized Under the Laws of		
5. Organized Under the Laws of:	6.	71/)
5. Organized Under the Laws of: IDAHO W 14609	6. Signature Heale Cold	Main Date 1-19-06
IDAHO	Signature House Coll	Main Date 1-19-06
IDAHO	Signature House Coll	Vacin Date 1-19-06