

No. **W 5400**

Due no later than Jan 31, 2001

Annual Report Form

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

GROENKE LLC
TIM SCOFIELD
322 KIENHOLZ DR

HOPE, ID 83836

2. Registered Agent and Office **NO PO BOX**

TIM SCOFIELD
322 KIENHOLZ DR

HOPE, ID 83836

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Klaus Groenke	1 Kienholz Drive	Hope,	ID	83836
Member	Tim Scofield	2 Kienholz Drive	Hope,	ID	83836

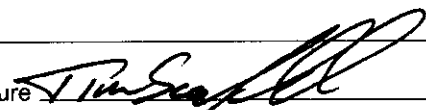
5. Organized Under the Laws of:

IDAHO
W 5400

6.

Signature

Name (Typed or Printed)


TIM SCOFIELD

Date

Title:

~~XXXX~~

11-14-00
11:25 AM