

No. W 5292	Due no later than Jan 31, 2003 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 COLEGROVE, LLC CHRISTOPHER G COLEGROVE PO BOX 17 NAPLES, ID 83847		BARBARA COLEGROVE COUNTY RD 12 NAPLES, ID 83847 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="0" style="width: 100%;"> <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>Barbara Colegrove</td> <td>P.O. Box 17 CR 12</td> <td>Naples</td> <td>ID</td> <td>83847</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	Barbara Colegrove	P.O. Box 17 CR 12	Naples	ID	83847
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
manager	Barbara Colegrove	P.O. Box 17 CR 12	Naples	ID	83847										
5. Organized Under the Laws of: IDAHO W 5292		6. Signature <u>Barbara Colegrove</u> Date <u>March 12, 2003</u> Name (Typed or Printed) <u>Barbara Colegrove</u> Title <u>manager</u>													