| No. W 7709 | Annual Report Form 199 Due No Later Than November 30, | 9 2. Registered Agent and Office NOT A P.O. BOX |
|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| Return to: SECRETARY OF STATE | 1. Mailing Address - Please Correct, If Not Correct | TIM GRAVER 5461 KENDALL ST |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED | 1518 TENTH ST. LLC TIM GRAVER 5461 KENDALL ST | BOISE ID 83706 1 |
| * FIRST NOTICE * | BOISE ID 83796 12 | |
| | Business Addresses of President, Secretary and Directors or Names and Addresses of Managers or Membe | ers (check one) |
| Office held Name Managery Tim (Mornha | Street or P.O. Address ORAULA 5461 Kendell Street | City State Zip 1 Borse ID 83706 |
| 5. Signature of New Registered | Signature Im Frac Name (Typed or T.in CAAU) | Date 8/3/99 Title Mgin Momby |