

## INSTRUCTIONS ON REVERSE SIDE

No. <b>838</b>	<b>Idaho Limited Liability Company Annual Report Form</b>		2. Registered Agent and Office <b>NOT A P.O. BOX</b> WINSTON V BEARD 683 N CAPITAL  IDAHO FALLS ID 83402	
Return To  Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 30, 1995 1. Mailing Address -- Please Correct If Not Correct BSPS, L.L.C. WINSTON V BEARD 683 N CAPITAL  IDAHO FALLS ID 83402			
4. Names and Addresses of <input type="checkbox"/> Managers or <input checked="" type="checkbox"/> Members (check one)			MUST BE PRINTED OR TYPED	
<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Kevin T. Sullivan	PO Box 51718	Idaho Falls	ID	83405
Winston V. Beard	PO Box 51718	Idaho Falls	ID	83405
John G. St. Clair	PO Box 51718	Idaho Falls	ID	83405
D. Gary Peterson	PO Box 51718	Idaho Falls	ID	83405
5. Signature of the Current Registered Agent (if changed in block 2)  <i>Winston V. Beard</i>		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  Signature <i>Winston V. Beard</i> Date <i>10/2/95</i> Name <small>Typed or Printed</small> <b>Winston V. Beard</b>		