

INSTRUCTIONS ON REVERSE SIDE

No. 838	Idaho Limited Liability Company Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX WINSTON V BEARD 683 N CAPITAL
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
	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			
Name	Street or P.O. Address	City	State	Zip	
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)	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.		
<i>Winston V. Beard</i>	Signature <i>Winston V. Beard</i> Name <small>Typed or Printed</small> Winston V. Beard		
	Date 10/2/95		