Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Names and Addresses of Managers. Office held Name Street or P.O. Address City State Zip Member Thomas G WALKER JR 815 W WASHINGTON ST BOISE, ID 83702 3. New Registered Agent Signature 815 W WASHINGTON ST BOISE, ID 83702 3. New Registered Agent Signature 815 W WASHINGTON ST BOISE, ID 83702 3. New Registered Agent Signature 815 W WASHINGTON ST BOISE, ID 83702 3. New Registered Agent Signature 815 W WASHINGTON ST BOISE, ID 83702 3. New Registered Agent Signature 815 W WASHINGTON ST BOISE, ID 83702	Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Names and Addresses of Managers. Office held Name Street or P.O. Address City State Zip Thomas G Walker 815 W. Washingfon Boise 1D \$3703 5. Organized Under the Laws of: IDAHO IDAHO TO Multiply Address Corror in this bro 12 applicable 1815 W WASHINGTON ST BOISE, ID 83702 BOISE, ID 83702 BOISE, ID 83702 3. New Registered Agent Signature City State Zip Thomas G Walker 815 W. Washingfon Boise 1D \$3703	Annual Report Form SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE 4 Limited Liability Companies: Enter Names and Addresses of Managers. Office held Name Street or PO. Address City State Zip Member Thomas G. Walker 815 W. Washingfon Boise ID \$3703 5. Organized Under the Laws of: IDAHO W 210 Name Printed In Name Signature Annual Report Form 815 W Washingfon Street or Pole of Application 815 W Washingfon Boise ID \$3702 Thomas G. Walker JR 815 W Washingfon Boise ID \$3702 Thomas G. Walker JR 815 W Washingfon Boise ID \$3702 Thomas G. Walker JR 815 W Washingfon Boise ID \$3703 Signature James Date J2/5/03 Title	No. W 210	Due no later than February 29, 2004	2. Registered Agent and Office NO PO BOX
4. Limited Liability Companies: Enter Names and Addresses of Managers. Street or PO Address City State Zip	4. Limited Liability Companies: Enter Names and Addresses of Managers. Office held Name Street or P.O. Address City State Zip Member Thomas GWallur 815 W. Washington Boise 1D 53703 5. Organized Under the Laws of: IDAHO 6. Signature Managers. Signature Date 12/5/03	## Limited Liability Companies: Enter Names and Addresses of Managers. Office held Name Street or P.O. Address City State Zip Member Thomas GWalker 815 W. Washington Borse 1D 53703 5. Organized Under the Laws of: IDAHO W 210 Name Presided 10 Name Presided 10 Name Presided 10 Name Presided Name Presided 10 Name Presided Name Name Presided	Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	AQUINAS LTD. CO. THOMAS G WALKER JR 815 W WASHINGTON ST	815 W WASHINGTON ST BOISE, ID 83702
Office hold Name Street or P.O. Address City State Zip	Office held Name Street or P.O. Address City State Zip Member Thomas GWalker 815 W. Washington Boise 1D \$3703 5. Organized Under the Laws of: 1DAHO Street or P.O. Address W. Washington Boise 1D \$3703 Signature Mary Maker Date 12/5/03	Office held Name Street or P.O. Address City State Zip Member Thomas G Walker 815 W. Washington Boise 1D 83703 5. Organized Under the Laws of: IDAHO W 210 Name Provided Tritle	···		
Office hold Name Street or P.O. Address City State Zip	Office held Name Street or P.O. Address City State Zip Member Thomas GWalker 815 W. Washington Boise 1D \$3703 5. Organized Under the Laws of: 1DAHO Street or P.O. Address W. Washington Boise 1D \$3703 Signature Mary Maker Date 12/5/03	Office held Name Street or P.O. Address City State Zip Member Thomas G Walker 815 W. Washington Boise 1D 83703 5. Organized Under the Laws of: IDAHO W 210 Name Provided Tritle	4. Limited Liability Comp	anies: Enter Names and Addresses of Managers.	
Member Thomas 6 Walker 815 W. Washington Boise 1D 83702	5. Organized Under the Laws of: 1DAHO 6. Signature / Mary Jake Date /2/5/03	5. Organized Under the Laws of: IDAHO W 210 Name Printed) Automatical Signature Automatical Signature Date 12/5/03 Title	Office hold Name	Street or PO Address Cit	
Signature / Mary / Date /2/3/03	——————————————————————————————————————	W 210 Name (Typed or Printed) Title	_	6. Signature / Murey Ma	Per Date 12/5/03
	W 210 Name Period / Title	Treatmonth and the second and the se		Name Proted	Title