

No. W 22879	Due no later than February 28, 2005 Annual Report Form	2. Registered Agent and Office NO PO BOX JOSEPH L MORTON III 5519A GLENWOOD ST BOISE, ID 83714												
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 NOTHRAK, LLC 4298 N CROFT PLACE EAGLE, ID 83616	3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; margin-top: 10px;"> <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>Richard Fulllove</td> <td>4298 N. Croft Place</td> <td>Eagle</td> <td>ID</td> <td>83616</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	Richard Fulllove	4298 N. Croft Place	Eagle	ID	83616
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
Manager	Richard Fulllove	4298 N. Croft Place	Eagle	ID	83616									
5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 22879</div>	6. Signature <u><i>Richard Fulllove</i></u> Date <u>12-14-04</u> Name <small>(Typed or Printed)</small> <u>Richard Fulllove</u> Title <u>Manager</u>													