

| No. W 15483 | Due no later than May 31, 2004 Annual Report Form | | 2. Registered Agent and Office NO PO BOX | | | | | | | | | | | | | | | | | | |
|--|---|------------------------|---|-------------|----------------------|------------------------|--------|-------------------------|---------------|---------|---------------|--------------|--------|----|-------|--------|--------------------|--------------|--------|----|-------|
| 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 FOX SPRINGS LLC PO BOX 430 P.O. Box 140 DRIGGS, ID 83422 Victor, ID 83455 | | SONJA O HEAD 116 E LITTLE AVE 630 50 200 W DRIGGS, ID 83422 Victor, ID 83455 3. New Registered Agent Signature | | | | | | | | | | | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Sonja O. Head</td> <td>P.O. Box 140</td> <td>Victor</td> <td>ID</td> <td>83455</td> </tr> <tr> <td>member</td> <td>Kitchene + E. Head</td> <td>P.O. Box 140</td> <td>Victor</td> <td>ID</td> <td>83455</td> </tr> </tbody> </table> | | | | Office held | Name | Street or P.O. Address | City | State | Zip | Manager | Sonja O. Head | P.O. Box 140 | Victor | ID | 83455 | member | Kitchene + E. Head | P.O. Box 140 | Victor | ID | 83455 |
| Office held | Name | Street or P.O. Address | City | State | Zip | | | | | | | | | | | | | | | | |
| Manager | Sonja O. Head | P.O. Box 140 | Victor | ID | 83455 | | | | | | | | | | | | | | | | |
| member | Kitchene + E. Head | P.O. Box 140 | Victor | ID | 83455 | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 15483 | 6. <table border="1"> <tr> <td>Signature</td> <td><i>Sonja O. Head</i></td> <td>Date</td> <td>3-9-04</td> </tr> <tr> <td>Name (typed or Printed)</td> <td>Sonja O. Head</td> <td>Title</td> <td>Manager</td> </tr> </table> | | | Signature | <i>Sonja O. Head</i> | Date | 3-9-04 | Name (typed or Printed) | Sonja O. Head | Title | Manager | | | | | | | | | | |
| Signature | <i>Sonja O. Head</i> | Date | 3-9-04 | | | | | | | | | | | | | | | | | | |
| Name (typed or Printed) | Sonja O. Head | Title | Manager | | | | | | | | | | | | | | | | | | |