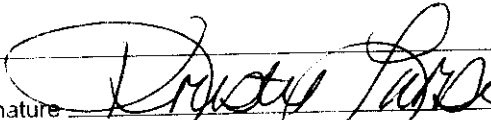


|                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                        |                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>No. W 26971</b><br><br>Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>Due no later than November 30, 2004<br/>Annual Report Form</b><br><div style="background-color: black; color: white; padding: 2px; text-align: center;">1. Mailing Address - Correct in this box, if applicable</div> FULL HOUSE CONSTRUCTION, LLC<br>PO BOX 424<br>INKOM, ID 83245 | 2. Registered Agent and Office <b>NO PO BOX</b><br><br>JEFFERY R LARSEN<br>1912 N LEO LN<br>INKOM, ID 83245<br><br>3. <u>New</u> Registered Agent Signature |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|

4. Limited Liability Companies: Enter Names and Addresses of Managers.

| <u>Office held</u> | <u>Name</u>    | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> |
|--------------------|----------------|-------------------------------|-------------|--------------|------------|
| manager            | Jeff Larsen    | PO Box 424                    | Idaho       | Id           | 83245      |
| manager            | Kristie Larsen | PO Box 424                    | Idaho       | Id           | 83245      |

|                                                         |                                                                                                                                                                                                   |
|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5. Organized Under the Laws of:<br><br>IDAHO<br>W 26971 | 6. <br>Signature _____ Date <u>9-10-01</u><br>Name (Type or Printed) <u>Kristie Larsen</u> Title <u>manager</u> |
|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|