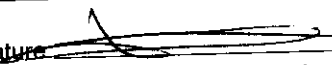
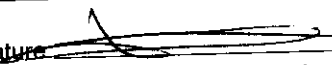
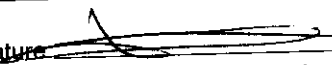


No. W 9534	Due no later than Aug 31, 2001 Annual Report Form	2. Registered Agent and Office NO PO BOX JON JOHNSON 5345 HEYREND CIR IDAHO FALLS, ID 83402												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable JOMAR, LLC JON JOHNSON POB 51920 IDAHO FALLS, ID 83405	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 style="vertical-align: top;">MANAGER</td> <td style="vertical-align: top;">- JON L JOHNSON</td> <td style="vertical-align: top;">1053E 1300N SHELET ID</td> <td style="vertical-align: top;"></td> <td style="vertical-align: top;"></td> <td style="vertical-align: top;">83274</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	- JON L JOHNSON	1053E 1300N SHELET ID			83274
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MANAGER	- JON L JOHNSON	1053E 1300N SHELET ID			83274									
5. Organized Under the Laws of: IDAHO W 9534	6. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;"> Signature  </td> <td style="width: 40%;"> Date <u>6/25/01</u> </td> </tr> <tr> <td> Name (Typed or Printed) <u>JON L JOHNSON</u> </td> <td> Title <u>MANAGER</u> </td> </tr> </table>		Signature 	Date <u>6/25/01</u>	Name (Typed or Printed) <u>JON L JOHNSON</u>	Title <u>MANAGER</u>								
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