


No. W 16426	Due no later than Sep 30, 2002 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 MURPHY LAW OFFICE, PLLC 117 S 9TH AVE STE 7 CALDWELL, ID 83605		MICHAELINA MURPHY 117 S 9TH AVE STE 7 CALDWELL, ID 83605 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u>Office held</u></td> <td style="text-align: center;"><u>Name</u></td> <td style="text-align: center;"><u>Street or P.O. Address</u></td> <td style="text-align: center;"><u>City</u></td> <td style="text-align: center;"><u>State</u></td> <td style="text-align: center;"><u>Zip</u></td> </tr> <tr> <td></td> <td>member</td> <td>Michaelina Murphy</td> <td>117 S. 9th Ave. Ste 7,</td> <td>Caldwell,</td> <td>ID 83605</td> </tr> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		member	Michaelina Murphy	117 S. 9th Ave. Ste 7,	Caldwell,	ID 83605
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
	member	Michaelina Murphy	117 S. 9th Ave. Ste 7,	Caldwell,	ID 83605										
5. Organized Under the Laws of: IDAHO W 16426		6.  Signature _____ Date <u>7-30-02</u> Name <small>(Typed or Printed)</small> <u>Michaelina Murphy</u> Title <u>Member</u>													