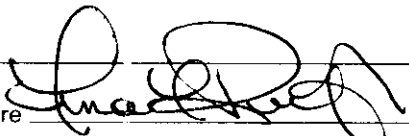


No. W 580	Due no later than October 31, 2003 Annual Report Form	2. Registered Agent and Office NO PO BOX AMBER VAN OCKER 3712 MEADOW BOISE, ID 83713																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable LEATHAM-KROHN-VAN OCKER ARCHITECTS DARRELL LEATHAM 1735 FEDERAL WAY BOISE, ID 83705	3. <u>New</u> Registered Agent Signature																								
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> <tr> <td></td> <td>Darrell Leatham</td> <td>1735 FEDERAL WAY</td> <td>BOISE</td> <td>ID</td> <td>83705</td> </tr> <tr> <td></td> <td>Kent Krohn</td> <td>1735 FEDERAL WAY</td> <td>BOISE</td> <td>ID</td> <td>83705</td> </tr> <tr> <td></td> <td>Amber Van Ocker</td> <td>1735 FEDERAL WAY</td> <td>BOISE</td> <td>ID</td> <td>83705</td> </tr> </table>			Office held	Name	Street or P.O. Address	City	State	Zip		Darrell Leatham	1735 FEDERAL WAY	BOISE	ID	83705		Kent Krohn	1735 FEDERAL WAY	BOISE	ID	83705		Amber Van Ocker	1735 FEDERAL WAY	BOISE	ID	83705
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5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 580</div>	6. <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 20px;"> <div style="width: 45%;">  Signature _____ <small>(Typed or Printed)</small> TINA L. REIFER </div> <div style="width: 45%;"> Date <u>8.22.03.</u> Title <u>Office mgr</u> </div> </div>																									