

No. **W 24169**

**Due no later than May 31, 2005
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

1. Mailing Address - Correct in this box, if applicable

THOMAS J ARAVE
1486 S CURLEW DR
AMMON, ID 83405

EASTRIDGE APARTMENTS II, LLC
1395 NW MAIN
BLACKFOOT, ID 83221

3. New Registered Agent Signature

**NO FILING FEE IF
RECEIVED BY DUE DATE**

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	TOM ARAVE	1395 NW MAIN	BLACKFOOT	ID	83221

5. Organized Under the Laws of:

IDAHO
W 24169

6. Signature Tom Arave Date 3/7/05
Name (Typed or Printed) Tom ARAVE Title MANAGER