

ISSUED: 09-30-1995

No. 1245	Idaho Limited Liability Company Annual Report Form		2. Registered Agent and Office																
Return To Secretary of State Room 203, Statehouse P.O. BOX 83720, AM '95 Boise, ID 83720-0080 ** FIDELITY NOT OF STATE NO FEE REQUIRED	Due No Later Than November 1, 1995		CLYDE WHEELER 9380 FAIRVIEW AVE BOISE ID 83704																
	1. Mailing Address — <i>Write Company or Agent Address</i> GRAYE DEVELOPMENT LLC CLYDE WHEELER 9380 FAIRVIEW AVE BOISE ID 83704																		
	3. Organized Under The Laws of ID NO: 1245																		
4. Names and Addresses of <input type="checkbox"/> Managers or <input checked="" type="checkbox"/> Members (check one) MUST BE PRINTED <table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>GRAYE H. WOLFE, SR.</td> <td>P.O. BOX 460</td> <td>CALDWELL</td> <td>ID</td> <td>83606</td> </tr> <tr> <td>CLYDE W. WHEELER</td> <td>P.O. BOX 460</td> <td>CALDWELL</td> <td>ID</td> <td>83606</td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	GRAYE H. WOLFE, SR.	P.O. BOX 460	CALDWELL	ID	83606	CLYDE W. WHEELER	P.O. BOX 460	CALDWELL	ID	83606
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CLYDE W. WHEELER	P.O. BOX 460	CALDWELL	ID	83606															
5. Signature of the Current Registered Agent (if changed in block 2) _____		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature _____ Name (Typed or Printed) CLYDE W. WHEELER Date 11/1/95																	