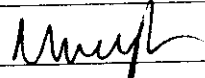


No. W 21347	Due no later than December 31, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX CHRISTOPHER J BEESON 277 N 6TH ST BOISE, ID 83702												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address. <i>Correct in this box, if applicable</i> 8TH STREET LLC CHRISTOPHER J BEESON 277 N 6TH ST BOISE, ID 83702		3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies. Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse;"> <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>Manager</td> <td>Mark Rivers</td> <td>4905 Del Ray Avenue, Ste. 401,</td> <td>Bethesda,</td> <td>MD</td> <td>20815</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	Mark Rivers	4905 Del Ray Avenue, Ste. 401,	Bethesda,	MD	20815
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Manager	Mark Rivers	4905 Del Ray Avenue, Ste. 401,	Bethesda,	MD	20815										
5. Organized Under the Laws of: IDAHO W 21847		6. Signature <u></u> Date <u>1/4/04</u> Name (Typed or Printed) <u>MARK J. RIVERS</u> Title <u>MANAGER</u>													