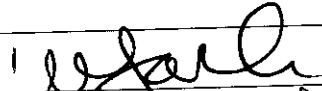
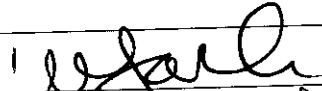
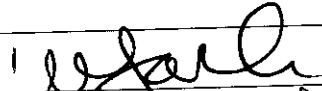


No. W 6672	Due no later than Aug 31, 2001 Annual Report Form	2. Registered Agent and Office NO PO BOX WILLIAM FOUCHE 1220 E POLSTON AVE POST FALLS, ID 83854																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable POLSTON BUSINESS ASSOCIATES, L.L.C. WILLIAM FOUCHE 1220 E POLSTON AVE POST FALLS, ID 83854	3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border: none;"> <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>President</td> <td>William Fouche</td> <td>1220 E. Polston Ave</td> <td>Post Falls</td> <td>Id.</td> <td>83854</td> </tr> <tr> <td>Secretary</td> <td>Christopher Billingslea</td> <td>1220 E. Polston Ave</td> <td>Post Falls</td> <td>Id.</td> <td>83854</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>	President	William Fouche	1220 E. Polston Ave	Post Falls	Id.	83854	Secretary	Christopher Billingslea	1220 E. Polston Ave	Post Falls	Id.	83854
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>															
President	William Fouche	1220 E. Polston Ave	Post Falls	Id.	83854															
Secretary	Christopher Billingslea	1220 E. Polston Ave	Post Falls	Id.	83854															
5. Organized Under the Laws of: IDAHO W 6672	6. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"> Signature  Name (Typed or Printed) <u>W M Fouche</u> </td> <td style="width: 50%;"> Date <u>6-10-01</u> Title <u>MD/owner</u> </td> </tr> </table>		Signature  Name (Typed or Printed) <u>W M Fouche</u>	Date <u>6-10-01</u> Title <u>MD/owner</u>																
Signature  Name (Typed or Printed) <u>W M Fouche</u>	Date <u>6-10-01</u> Title <u>MD/owner</u>																			