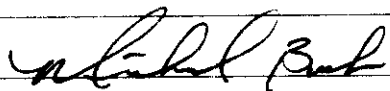


No. W 31261	Due no later than June 30, 2005 Annual Report Form	2. Registered Agent and Office NO PO BOX LUKINS & ANNIS PS 250 NORTHWEST BLVD STE 102 COEUR D ALENE, ID 83814 2971												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable M. E. BOEHM ENTERPRISES, LLC 1280 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-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 style="vertical-align: top;">OWNER</td> <td style="vertical-align: top;">MICHAEL BOEHM</td> <td style="vertical-align: top;">1785 CHEHALIS ST</td> <td style="vertical-align: top;">POST FALLS</td> <td style="vertical-align: top;">ID</td> <td style="vertical-align: top;">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>	OWNER	MICHAEL BOEHM	1785 CHEHALIS ST	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>									
OWNER	MICHAEL BOEHM	1785 CHEHALIS ST	POST FALLS	ID	83854									
5. Organized Under the Laws of: IDAHO W 31261	6. Signature  Date <u>4/13/05</u> Name <small>(Typed or Printed)</small> <u>MICHAEL BOEHM</u> Title <u>OWNER</u>													