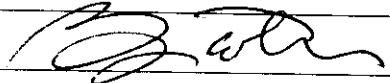


No. W 5150	Due no later than Dec 31, 2002 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable TOLMAN ENTERPRISES, L.L.C. 3281 N 4750 E MURTAUGH, ID 83344		BEN TOLMAN 3281 N 4750 E MURTAUGH, ID 83344 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MANAGER</td> <td>BEN TOLMAN</td> <td>4288 E. ECLIPSE PL</td> <td>BOISE</td> <td>ID</td> <td>83709</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	BEN TOLMAN	4288 E. ECLIPSE PL	BOISE	ID	83709
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
MANAGER	BEN TOLMAN	4288 E. ECLIPSE PL	BOISE	ID	83709										
5. Organized Under the Laws of: IDAHO W 5150	6. Signature  Date <u>11/5/02</u> Name <small>(Typed or Printed)</small> <u>BENJAMIN TOLMAN</u> Title <u>MANAGER</u>														