	Due no later than March 31, 2005			2. Registered Agent and Office NO PO BOX		
Return to: SECRETARY OF STATE	Annual Report Form 1. Mailing Address - Correct in this box, if applicable			KENT W. DAVIS		
					136 HARVEST CIRCLE	
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	KENT DAVIS LIMITED LIABILITY COMPAN KENT W. DAVIS 136 HARVEST CIRCLE IDAHO FALLS, ID 83404			IDAHO FALLS, ID 83404 3. New Registered Agent Signature		
NO FILING FEE IF RECEIVED BY DUE DATE	ISANO FACEO, IS GOTOT	0171220,10 00101				
4. Limited Liability Compan	ies: Enter Names and Addre	sses of Man	agers.			
Office held Name	Street or P.O. Address		City		State	Zip
Kent Davis - Presiden	t 136 Harvest	Circle	Jdeho	Falls	ID	83404
Office held Name Kent Davis - Presiden Sonja Davis - Sec/Tr	eas.	ι_{ℓ}	t_{i}	٤,	i.	
5. Organized Under the Laws of:	6.	1/2			i	
5. Organized Under the Laws of:	6. Signature	Kens	Œ			8/05
•		Kent Do	es Luis		Date	

The specific parties will be a supplied to the supplied of the