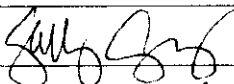


No. W 22687 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Feb 29, 2004 Annual Report Form 1 Mailing Address Correct in this box if applicable SAFARI, LLC SALLY GUASPARI 3328 N LAKE HARBOR LN H202 5355 N Liverpool Ave BOISE, ID 83703 83714	2. Registered Agent and Office NO PO BOX SALLY GUASPARI 3328 N LAKE HARBOR LN H202 5355 N Liverpool Ave BOISE, ID 83703 83714 3. New 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; border-bottom: 1px solid black;"><u>Office held</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Street or P.O. Address</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>City</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>State</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>Sally Guaspari</td> <td>5355 N Liverpool Ave</td> <td>Boise</td> <td>ID</td> <td>83714</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>		Sally Guaspari	5355 N Liverpool Ave	Boise	ID	83714
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
	Sally Guaspari	5355 N Liverpool Ave	Boise	ID	83714									
5. Organized Under the Laws of: IDAHO W 22687	6. Signature  Date <u>4-30-04</u> Name (Typed or Printed) Sally Guaspari Title <u>Manager</u>													