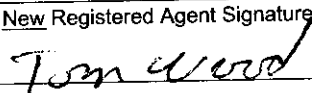
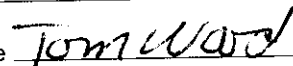
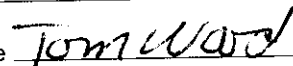
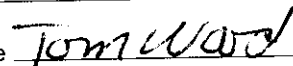


No. W 14766	Due no later than Mar 31, 2002 Annual Report Form	2. Registered Agent and Office NO PO BOX TOM WOOD 240 6TH AVE WEST TWIN FALLS, ID 83301																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable TRANSMISSION CITY, L.L.C. 240 6TH AVE WEST TWIN FALLS, ID 83301	3. <u>New</u> 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;"><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>Partner</td> <td>Alon Wood</td> <td>2455 Salmon Ave</td> <td>Hallstar</td> <td>Ida.</td> <td>83301</td> </tr> <tr> <td>Partner</td> <td>Tom Wood</td> <td>2455 Salmon Ave</td> <td>Hallstar</td> <td>Ida.</td> <td>83301</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>	Partner	Alon Wood	2455 Salmon Ave	Hallstar	Ida.	83301	Partner	Tom Wood	2455 Salmon Ave	Hallstar	Ida.	83301
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5. Organized Under the Laws of: IDAHO W 14766	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Signature </td> <td style="width: 50%;">Date 1-21-02</td> </tr> <tr> <td>Name (Typed or Printed) Tom Wood</td> <td>Title Partner</td> </tr> </table>		Signature 	Date 1-21-02	Name (Typed or Printed) Tom Wood	Title Partner														
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