

No. **W 3443**

Due no later than Jan 31, 2001

Annual Report Form

Return to:
 SECRETARY OF STATE
 700 WEST JEFFERSON
 PO BOX 83720
 BOISE, ID 83720-0080

**NO FILING FEE IF
 RECEIVED BY DUE DATE**

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held Name

MANAGER *GARY CHRISTENSEN* Street or P.O. Address *1803 LARCH ST* City *BOISE* State *ID* Zip *83706*

5. Organized Under the Laws of:

IDAHO
 W 3443

Issued 11/01/2000

6. Signature *GARY T. CHRISTENSEN* Date *11/17/2000*
 (Typed or
 Name Printed) *GARY T. CHRISTENSEN* Title: *MANAGER*

Do Not Tape or Staple