No. W 4332	Annual Report Form		2. Registered A	legistered Agent and Office NO PO BO	
Return to:			DARYL KOF	RYL KOFOED	
SECRETARY OF STATE	Mailing Address - Correct in this box, if applicable 211 N			HANSEN	
700 WEST JEFFERSON	1020 E LINCOLN RD				
PO BOX 83720 BOISE, ID 83720-0080			SHELLEY, ID 83274		
NO FILING FEE IF RECEIVED BY DUE DATE			3. New Registered Agent Signature		
	anies: Enter Names and Addresses of M	Managers.			
Office held Name	Street or P.O. Address	<u>City</u>	Sta	te .	<u>Zip</u>
Manager Daryl Ko	ofoed 211 North Hansen	Shelley	ID	8	3274
Manager Daryl Ko Manager Jack Mei		•	s ID	8	3406
E. Ourseierd Under the Louis of	6.				
5. Organized Under the Laws of:	Signature		Date	6/26/02	
IDAHO		Name Printed) Daryl Kofoed			
IDAHO W 4332	Name (Typed or Daryl Kof	oed	Title	Manager	·