Office held Name MEMBER KIMKIG	Street or P.O. Address Street or P.O. Address City DEW 410 S. OPCHOZD IIZL BC	15E ID 83705
Office held Name	Street or P.O. Address City	
, ,		State Zip
4. Limited Liability Compani	ies: Enter Names and Addresses of Members.	
NO FILING FEE IF	BOISE, ID 83705	
NO FILING FEE IF	BUISE, ID 83705	3. New Registered Agent Signature

Due no later than May 31, 2004

Annual Report Form

2. Registered Agent and Office NO PO BOX

W 19155

No.