

INSTRUCTIONS ON REVERSE SIDE

ISSUED: 02-30-1995

No. 1064	Idaho Limited Liability Company Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX
Return To Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080 ** FINAL NOTICE ** NO FEE REQUIRED	Due No Later Than November 30, 1995	KEVIN C LONDEEN 500 BAYBROOK CT STE 300 BOISE ID 83706
	1. Mailing Address -- Please Correct if Not Correct MYERS AND STAUFFER LC MYERS & STAUFFER 909 SW TOPEKA BLVD TOPEKA KS 66612	3. Organized Under The Laws of KS NO: 1064

4. Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)	MUST BE PRINTED OR TYPED															
<table border="1"> <thead> <tr> <th data-bbox="16 436 393 462">Name</th> <th data-bbox="398 436 1037 462">Street or P.O. Address</th> <th data-bbox="1042 436 1247 462">City</th> <th data-bbox="1252 436 1379 462">State</th> <th data-bbox="1384 436 1582 462">Zip</th> </tr> </thead> <tbody> <tr> <td data-bbox="16 484 393 516">Bruce L. Myers</td> <td data-bbox="398 484 1037 516">909 SW Topeka Blvd.</td> <td data-bbox="1042 484 1247 516">Topeka</td> <td data-bbox="1252 484 1379 516">KS</td> <td data-bbox="1384 484 1582 516">66612</td> </tr> <tr> <td data-bbox="16 532 393 563">L. Darrell Stauffer</td> <td data-bbox="398 532 1037 563">909 SW Topeka Blvd.</td> <td data-bbox="1042 532 1247 563">Topeka</td> <td data-bbox="1252 532 1379 563">KS</td> <td data-bbox="1384 532 1582 563">66612</td> </tr> </tbody> </table>	Name	Street or P.O. Address	City	State	Zip	Bruce L. Myers	909 SW Topeka Blvd.	Topeka	KS	66612	L. Darrell Stauffer	909 SW Topeka Blvd.	Topeka	KS	66612	
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L. Darrell Stauffer	909 SW Topeka Blvd.	Topeka	KS	66612												

5. Signature of the Current Registered Agent (if changed in block 2) N/A	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Bruce L. Myers</u> Date <u>11/13/95</u> Name <small>(Typed or Printed)</small> <u>Bruce L. Myers</u>
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