

No. **W 5913**

Due no later than **Apr 30, 2001**

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

**Annual Report Form**

1. Mailing Address - Correct in this box, if applicable  
MEMORIAL DRIVE ASSOCIATES L.L.C.  
STEVEN R. PARRY  
P O BOX 51630

2. Registered Agent and Office **NO PO BOX**

STEVEN R. PARRY  
490 MEMORIAL DR  
IDAHO FALLS, ID 83402

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

IDAHO FALLS, ID 83405

3. New Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Douglas R. Nelson	P.O. Box 51630	Idaho Falls	Idaho	83405
Manager	Blake G. Hall	P.O. Box 51630	Idaho Falls	Idaho	83405
Manager	Marvin M. Smith	P.O. Box 51630	Idaho Falls	Idaho	83405
Manager	Steven R. Parry	P.O. Box 51630	Idaho Falls	Idaho	83405
Manager	Joel E. Tingey	P.O. Box 51630	Idaho Falls	Idaho	83405
Manager	Scott R. Hall	P.O. Box 51630	Idaho Falls	Idaho	83405

5. Organized Under the Laws of:

IDAHO  
W 5913

6.

Signature

Date

2/9/01

Name (Typed or Printed)

Steven R. Parry

Title:

~~XXXX~~ Manager

Issued 02/01/2001

Do Not Tape or Staple