

No. **W 23537**

Due no later than April 30, 2004

Annual Report Form

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

Return to:

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

E-Mailing Address: Complete this box, if applicable

H & E L.L.C.

3177 WOODRIDGE DR

TWIN FALLS, ID 83301

HENDRIKUS C LOMAN
3177 WOODRIDGE DR

TWIN FALLS, ID 83301

3. New Registered Agent Signature

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

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
OWNER	H. C. LOMAN	3177 WOODRIDGE DR	TWIN FALLS	ID	83301
OWNER	E. C. LOMAN	3177 WOODRIDGE DR	TWIN FALLS	ID	83301

5. Organized Under the Laws of:

IDAHO
W 23537

6.

Signature

H. C. Loman

Date

2/6/04

Name (Typed or Printed)

H. C. LOMAN

Title

OWNER