No. w 6458	Due no later than Jun 30, 2002 Annual Report Form	2. Registered Agent and Office NO PO BO
Return to: SECRETARY OF STATE	Annual Report Form 1. Mailing Address - Correct in this box, if applicable	DEBRA L EISMANN 3016 CALDWELL BLVD
700 WEST JEFFERSON PO BOX 83720	OLSON & OLSON, L.L.C. DEBRA L EISMANN	NAMPA, ID 83651
BOISE, ID 83720-0080	3016 CALDWELL BLVD	3. New Registered Agent Signature
NO FILING FEE IF RECEIVED BY DUE DATE	NAMPA, ID 83651	
4. Limited Liability Compa	inies: Enter Names and Addresses of Managers. Street or P.O. Address	ity <u>State</u> <u>Zip</u>
MANAGER	ANN OLSON, 102 SUMMERS STREET,	
·	NANCY ROE, 102 SUMMERS STREET,	CALDWELL, ID 83605
MANAGER		
MANAGER		
MANAGER 5. Organized Under the Laws of:	6. Signature Janus Ro	Date6/18/02
	6. Signature Any Roe Name (Typed or NANCY ROE	C Date 6/18/02 VICE OPERATI

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