

| No. W 27919 | Due no later than January 31, 2005 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 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address - Correct in this box, if applicable SAPPHIRE FROG LLC PO BOX 487 ATHOL, ID 83801 | | DAVID BOCHENEK 8475 CESSNA LN ATHOL, ID 83801 3. <u>New</u> Registered Agent Signature | | | | | | | | | | | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>OWNER</td> <td>DANA BOCHENEK</td> <td>PO BOX 487</td> <td>ATHOL</td> <td>ID</td> <td>83801</td> </tr> <tr> <td>OWNER</td> <td>DAVID BOCHENEK</td> <td>PO BOX 487</td> <td>ATHOL</td> <td>ID</td> <td>83801</td> </tr> </tbody> </table> | | | | <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | OWNER | DANA BOCHENEK | PO BOX 487 | ATHOL | ID | 83801 | OWNER | DAVID BOCHENEK | PO BOX 487 | ATHOL | ID | 83801 |
| <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | | | | | | | | | | | | | | | | |
| OWNER | DANA BOCHENEK | PO BOX 487 | ATHOL | ID | 83801 | | | | | | | | | | | | | | | | |
| OWNER | DAVID BOCHENEK | PO BOX 487 | ATHOL | ID | 83801 | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 27919 | 6. Signature <u>Dana Bochenek</u> Date <u>11-15-04</u> Name <small>(Typed or Printed)</small> <u>Dana Bochenek</u> Title <u>OWNER</u> | | | | | | | | | | | | | | | | | | | | |

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