No. W 14439	Due no later than February 28, 2005 Annual Report Form	2. Registered Agent and Office NO PO BO
Return to:	Annual Report Form	a. Flogistored Agent and Office NO PO BC
SECRETARY OF STATE	1. Mailing Address - Correct in this box, if applicable	MARK CAMPBELL
700 WEST JEFFERSON		11361 WEST EXCALIBUR ST
PO BOX 83720	PLEASANT VALLEY CYCLE PARK, LLC MARK CAMPBELL	BOISE, ID 83713
BOISE, ID 83720-0080	12887 W PAINT DR	
	BOISE, ID 83713	
NO FILING FEE IF	= 3774, 15 337 13	3. New Registered Agent Signature
RECEIVED BY DUE DATE		3 - San Signature
4		
Limited Liability Compa	inies: Enter Names and Addresses of Members.	
Office held Name	Street or P.O. Address City	
00.0 .0 1 (1)	City	State Zip
MAKE MAKE	- CAMPBEN 12887 W PAINT DR	BUSE 1 0300
MAKE MAKE	Street or P.O. Address City CAMPBEN 12887 W PAINT DR	BUSE ID 837B
MANA GOOD MAKE	CAMPBEN 12887 W PAINT DR	BUSE ID 837B
MANH SON MAKK	CAMPBEN 12887 W PAINT DR	BUSE ID 837B
MANA GON MAKK	CAMPBEN 12887 W PAINT DR.	BUSE ID 837B
MANA SON MAKK	CAMPBEN 12887 W PAINT DR.	BUSE ID 837B
MANA SON MAKK	CAMPBEN 12887 W PAINT DR.	BUSE ID 837B
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MANA SON MAKK	CAMPBEN 12887 W PAINT DR.	BUSE ID 837B
MANA SON MAKK	CAMPBEN 12887 W PAINT DR.	BUSE ID 837B
TIPINH 564 MAKK	CAMPBEN 12887 W PAINT DR	BUSE ID 837B
		BUSE ID 837B
5. Organized Under the Laws of:		
5. Organized Under the Laws of: IDAHO	6. Signature Mul Will	
5. Organized Under the Laws of;	6. Signature Mul Will	
5. Organized Under the Laws of: IDAHO		Date 1/18/05