No. ₩ 5163	Annual Report Form 1. Mailing Address - Correct in this box if applicable RIC		2. Registered Agent	Registered Agent and Office NO PO BOX	
Return to:			RICK ASSON 1486 BLUE LAKES BLVD NORTH		
SECRETARY OF STATE 700 WEST JEFFERSON					
PO BOX 83720 BOISE, ID 83720-0080	1486 BLUE LAKES BLVD NORTH		TWIN FALLS, ID 83301		
NO FILING FEE IF RECEIVED BY DUE DATE	TWIN FALLS, ID 83301		New Registered Agent Signature		
4. Limited Liability Compa	nies: Enter Names and Addresses of Ma	nagers			
Office held Name	Street or P.O. Address	<u>City</u>	<u>State</u>	Zip	
Co owner Rick Asson	1486 Blue Lakes Blud N	Twin Fal	ls ID	83301	
Co-owner Share sta	CK 1486 Blue Lakes Blud N	twin Fal	l ₃ ID	83301	
5. Organized Under the Laws of:	6. Signature	<i>?</i>	Date	11-6-03 counte	
W 5163	Name Printed) (3/4, AS Sa	<i>-</i>	Title 	owner	
Issued 10/01/2003	Do Not Tape or Staple	•		301	