No. ** 7870		2. Registered Agent and Office NO PO BOX
Return to:	Annual Report Form	KEVIN M SPELLMAN
SECRETARY OF STATE	Mailing Address - Correct in this box, if applicable	927 E POLSTON AVE STE 101
700 WEST JEFFERSON	KEVIN M SPELLMAN	
PO BOX 83720 BOISE, ID 83720-0080	927 E POLSTON AVE STE 101	POST FALLS, ID 83854
NO FILING FEE IF	POST FALLS, ID 83854	3. New Registered Agent Signature
RECEIVED BY DUE DATE		
 Limited Liability Compa 	anies: Enter Names and Addresses of Managers.	
Office held Name	Street or P.O. Address Ci	ty State Zin
		ty <u>State</u> Zip Fulls IO 33854
-Member Postfulls A	theke (lub, 927 E. Rishon, Sk 19 Posti	(11)
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5. Organized Under the Laws of:	6. \Q \/.//	Data 11/20/0h
5. Organized Under the Laws of:	6. Signature	
5. Organized Under the Laws of:	6. \Q \/.//	Date 11/20/00 Title: XXXXX Director of Operations