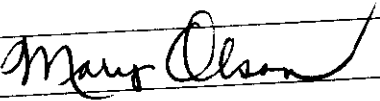


No. C 80213	Due no later than December 31, 2003 Annual Report Form	2. Registered Agent and Office NO PO BOX JOHN C HEPWORTH 100 SPOSHONE ST. NORTH TWIN FALLS, ID 83303																														
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address (Complete in this box if applicable) HEPWORTH, LEZAMIZ & JANIS, CHARTERED JOHN C HEPWORTH P.O. BOX 389 TWIN FALLS, ID 83303	3. New Registered Agent Signature																														
NO FILING FEE IF RECEIVED BY DUE DATE																																
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Office held</th> <th style="text-align: center;">Name</th> <th style="text-align: center;">Street or P.O. Address</th> <th style="text-align: center;">City</th> <th style="text-align: center;">State</th> <th style="text-align: center;">Zip</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">President</td> <td>John T. Lezamiz</td> <td>P.O. Box 389</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> <tr> <td style="text-align: center;">Vice Pres.</td> <td>J. Charles Hepworth</td> <td>P.O. Box 389</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> <tr> <td style="text-align: center;">Vice Pres.</td> <td>John J. Janis</td> <td>P.O. Box 389</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> <tr> <td style="text-align: center;">Sec/Treas</td> <td>Robyn M. Brody</td> <td>P.O. Box 389</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>	Office held	Name	Street or P.O. Address	City	State	Zip	President	John T. Lezamiz	P.O. Box 389	Twin Falls	ID	83301	Vice Pres.	J. Charles Hepworth	P.O. Box 389	Twin Falls	ID	83301	Vice Pres.	John J. Janis	P.O. Box 389	Twin Falls	ID	83301	Sec/Treas	Robyn M. Brody	P.O. Box 389	Twin Falls	ID	83301		
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5. Organized Under the Laws of: IDAHO C 80213	6. Signature  Date 12/23/03 Name (Typed or Printed) MARY OLSON Title ADMINISTRATOR																															