


No. <b>W 28197</b>	<b>Due no later than January 31, 2006</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address - Correct in this box, if applicable</b>		NATIONAL REGISTERED AGENTS INC 1423 TYRELL LN BOISE, ID 83706  3. <u>New</u> Registered Agent Signature												
	CORPORATE LP SOLUTIONS L.L.C. 2471 N TITLEIST WAY POST FALLS, ID 83854														
<p>4. Limited Liability Companies: Enter Names and Addresses of Members.</p> <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>MANAGER</td> <td>BRIAN FRASIER</td> <td>2471 N. TITLEIST</td> <td>POST FALLS</td> <td>ID</td> <td>83854</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>	MANAGER	BRIAN FRASIER	2471 N. TITLEIST	POST FALLS	ID	83854
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
MANAGER	BRIAN FRASIER	2471 N. TITLEIST	POST FALLS	ID	83854										
5. Organized Under the Laws of:  IDAHO W 28197		6. Signature <u></u> Date <u>11-8-05</u> Name <small>(Typed or Printed)</small> <u>BRIAN FRASIER</u> Title <u>MANAGER</u>													