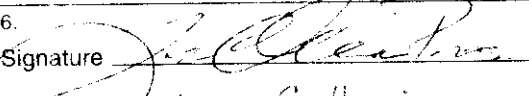


No. W 3889	Due no later than April 30, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		LES CULLEN 1141 E ST LUCIA DR MERIDIAN, ID 83642 3. <u>New</u> Registered Agent Signature												
	ALPHA-OMEGA, L.L.C. 1141 E ST LUCIA DR MERIDIAN, ID 83642														
4. Limited Liability Companies: Enter Names and Addresses of Members. <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>President</td> <td>Les Cullen</td> <td>1141 E. St Lucia Dr.</td> <td>Meridian</td> <td>ID</td> <td>83642</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>	President	Les Cullen	1141 E. St Lucia Dr.	Meridian	ID	83642
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
President	Les Cullen	1141 E. St Lucia Dr.	Meridian	ID	83642										
5. Organized Under the Laws of: IDAHO W 3889		6.  Signature _____ Date <u>2-26-05</u> Name (Typed or Printed) <u>Les Cullen</u> Title <u>Pres.</u>													