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| No. W 14719 | Due no later than March 31, 2004 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 | 1. Mailing Address - Correct in this box, if applicable ULTIMATE VIVACITY, L.C. MANAGER RIGHTEOUS, L.C. PO BOX 202 SILVERTON, ID 83867 | | LOWELL MILLER 17 BENTHAMS RD WALLACE, ID 83873 | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | 3. <u>New</u> Registered Agent Signature | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers. | | | | | |
| <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> |
| <i>MANAGER RIGHTEOUS, LC</i> | | <i>P.O. Box 202</i> | <i>SILVERTON</i> | <i>ID</i> | <i>83867</i> |
| 5. Organized Under the Laws of: | 6. | | | | |
| IDAHO W 14719 | Signature <i>Lowell Miller, Manager of Righteous LC</i> Date <i>1/20/04</i> Name (Type or Printed) <i>LOWELL S. MILLER, Manager of Righteous LC</i> Title <i>MANAGER</i> <i>RIGHTEOUS, L.C. WHICH IS MANAGER OF ULTIMATE VIVACITY, L.C.</i> | | | | |